

I enclose subscription of £.....

Please tick if you require a receipt

**NAME:**

**POSITION IN ORGANISATION:**

**NAME OF ORGANISATION:**

**ADDRESS:**

**TELEPHONE:**

**FAX:**

**E-MAIL:**

Members may name up to two additional staff or trustees to receive WMFN information:

NAME	ADDRESS	EMAIL ADDRESS	POSITION
1			
2			

**If you are applying as an individual member please tick the following:**

I confirm that I am personally responsible for paying my own subscription fee and it will not be paid by my organisation or another person

Signed:..... Date:.....

**Please make cheque payable to WM Funders Network and return your completed form as soon as possible to: Dipali Chandra, Secretary, WM Funders Network, 109 Court Oak Road, Birmingham B17 9AA**

**In order to help us deliver activities and events of most relevance to our members, please indicate any formats and topics of particular interest to you:**

- |                                   |                          |                                  |                          |
|-----------------------------------|--------------------------|----------------------------------|--------------------------|
| Briefings                         | <input type="checkbox"/> | Children/families                | <input type="checkbox"/> |
| Conferences                       | <input type="checkbox"/> | Young people                     | <input type="checkbox"/> |
| Informal networking/social events | <input type="checkbox"/> | Elderly                          | <input type="checkbox"/> |
| Roundtable/discussion forums      | <input type="checkbox"/> | Homelessness/housing             | <input type="checkbox"/> |
| Seminars                          | <input type="checkbox"/> | Health                           | <input type="checkbox"/> |
| Workshops                         | <input type="checkbox"/> | Employment                       | <input type="checkbox"/> |
| Other [please specify]            |                          | Social exclusion/inclusion       | <input type="checkbox"/> |
|                                   |                          | Charity law, finance, investment | <input type="checkbox"/> |
|                                   |                          | Other [please specify]           | <input type="checkbox"/> |

**Given the right activity/event, would you be interested in becoming:?**

A supporter of WMFN? Y/N

A sponsor of WMFN Y/N