



Registered Charity No: 517724

APPLICATION FOR MEMBERSHIP OF THE ASSOCIATION

Name:.....

Address:.....

.....Post Code.....

DECLARATION

On being accepted into membership of Hospice of the Valleys I confirm my acceptance of the Hospice Philosophy of care. I understand that, together with my fellow members, it is my duty to ensure that the charity is abiding by its objects and the Memorandum and Articles of Association and operating within the constraints of the law.

I also understand that Hospice of the Valleys is a company limited by guarantee and, by becoming a member; I accept .the Memorandum and Articles of Association as its governing document.

I hereby apply to become a member of the Association.

Signed _____

Date _____

This application was considered by the Board of Trustees onand approved / declined by those present.

Signed:.....Company Secretary

Date:.....