

**MEMBERSHIP APPLICATION**

**Name ……………………………………………………………………………………………………………………………………………**

**Address …………………………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………………………**

**………………………………………………………………….. Post Code ………………………………………………………………..**

**Home Telephone …………………………………………………………………………………………………………………………..**

**Mobile Number ……………………………………………………………………………………………………………………………..**

**Email ……………………………………………………………………………………………………………………………………………..**

**I wish to be placed on the register of members of the Dumfries and Galloway Advocacy Service, and confirm that I subscribe to the Charitable Objects of the Company.**

“The objects of the Company shall be to promote the welfare and relieve the distress, suffering and poverty of those affected by disability, disorder, illness or distress in Dumfries and Galloway in particular, but not exclusively, in any way that is charitable in law. In furtherance thereof, but not otherwise, the Company shall seek to:

a) encourage such persons to involve themselves in all aspects of society and in particular in those decisions affecting themselves, their families and their carers through co-operation and interaction with the statutory authorities and other agencies.

b) provide an advocacy service for such persons.

c) promote, provide, enable and encourage the training and education of people in the field of advocacy so that they may develop the skills to help the aforementioned individuals and groups.

d) promote the understanding and awareness of the rights of the aforementioned individuals, their families and their carers.

Membership entitles you to be invited to and to attend general meeting, have a vote at such meetings and where appropriate, stand for election to the Board of Directors. Membership is not accessible to employees of the Company. Membership is subject to the approval of the Board of Directors.

**Signed ……………………………………………………**

**Date ………………………………………………………**