

If you have any questions about membership or the work of CVS please contact us at:

**Warrington CVS  
the GATEWAY  
89 Sankey Street  
Warrington  
WA1 1SR**

tel: 01925 246880

Email: [warringtoncvs@thegateway.org.uk](mailto:warringtoncvs@thegateway.org.uk)



My organisation supports the aims and work of Warrington CVS and would like to become a full member.

Signed

Date



Please detach and return this form to  
**Warrington CVS  
Freepost (NW5424)  
Warrington  
WA1 1AR**

## Warrington Council for Voluntary Service



Registered Charity no. 1110273  
Registered Company no. 05404153

# Membership

- \* Warrington Council for Voluntary Service (CVS) is an organisation which helps voluntary and community groups to work well for their members, and to speak up and represent what is important to them
- \* We are a membership organisation
- \* Membership is free and open to all community and voluntary groups

**Supporting the development of the  
voluntary sector**

## About CVS:

- \* The members of CVS are local voluntary and community groups who elect a board of directors to run CVS
- \* The board are helped by an advisory panel
- \* The day to day activities of CVS are carried out by a team of paid staff
- \* CVS brings statutory and voluntary groups together as “equal but different” partners

## As a member of CVS each organisation will receive:

- \* A certificate of membership
- \* A copy of the annual review and an invitation to the AGM
- \* An opportunity to be elected to the Board of Directors
- \* Access to reduced priced training courses for Members
- \* Information and advice on all aspects of the voluntary sector

## About membership of CVS:

- \* Membership is free
- \* Membership is for a period of 5 years. After this time you will be contacted to ask if you would like to renew your membership
- \* In the event of the company being wound up each member may have to pay an amount not exceeding £1



## Warrington Council for Voluntary Service

Application for membership

NAME OF GROUP .....

CONTACT NAME .....

ADDRESS .....

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.....

PHONE NUMBER .....

EMAIL .....