



Your Application for membership of BAND Ltd.

Use this form to let us know your details.

Please complete this form as fully as you can. If you have any questions about completing it, please get in contact with us and we'll help you. If you have any questions, please contact us on admin@bandltd.org.uk | 0117 954 21 28

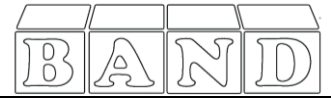
We'll store the information you provide on our database, but we won't use it for commercial purposes in line with our [Privacy Policy](#).

Once you have completed it please return it to our office, along with any other documents supporting your application.

After we have received your application we will present it to our Management Committee, who meet every month to consider new applications.

Once your application is approved we'll contact you with an invoice for the 1st year's membership, after we've received your payment your Membership we'll activate your membership. We'll then send you a Certificate of Membership and a Welcome letter and add you to our e-mailing lists.

1) Which type of Band Ltd. membership are you applying for ?:
Full Member: £50 <input type="checkbox"/> Affiliate Member: £45 <input type="checkbox"/>
<i>(If you are not sure which type to choose, please get in touch with us.)</i>
2) Your contact details:
2.1) Name of organisation / individual:
2.2) Address of setting including postcode:
2.3) Contact Details of setting.



Name & job title of main contact:	
Landline:	Mobile:
Email:	Website:
Are you happy for us to share your contact details (2.3 above)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.4) Alternate Postal Address	
*If you would like us to send post to an address other than your setting please put those details here:	
Postcode:	

3) Information about you:

3.1) If you are a **Childcare provider**, please tell us what kind you are. You can select as many types as you need to:

After School Club: <input type="checkbox"/>		Holiday Play-scheme: <input type="checkbox"/>	Childminder: <input type="checkbox"/>
Breakfast Club: <input type="checkbox"/>		Nursery: <input type="checkbox"/>	
Sports Club: <input type="checkbox"/>		Saturday Club: <input type="checkbox"/>	
Other, please specify: <input type="checkbox"/>			
Opening days & hours:			
What is the maximum number of Children/Young People attending per day?			
Charges:			
Are you registered with OFSTED?: Y <input type="checkbox"/> /N <input type="checkbox"/>			
Reg. No:		Date of Reg:	

3.2) Non-Child-care Providers.

Please use this space to tell us about your organisation or yourself, and enclose any printed information you may have:

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3.3) All Applicants:

Date from which you started operating:

__ / __ / ____

Are you or your organisation classified as:

A private business: ☐

A registered charity: ☐

Reg. no:

A Local Authority / maintained provider: ☐

other: ☐

4) Our Services:

Please let us know which of our services you are interested in:

Development & Support: ☐

Training courses: ☐

DBS Service

☐

Loaned resources (Library & Equipment)

☐

BANDNews

☐

5) The Principles of BAND Ltd.

As a charity we ask all our members to agree to with & support our [Mission Statement](#):

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Details of person completing the form:

Name:

Date

Job title:

