

LONDON REFUGEE VOICE
MEMBERSHIP APPLICATION FORM

Name of Organisation: -----

Address: -----

Telephone-----

Fax -----

e-mail: -----

Contact person: -----

Please provide the name of officers:

Chair -----

Vice chair -----

Secretary -----

Aims of the organization:

Which activities/ services does your organization provide or intends to provide?

Where is your funding from?

In which London borough do you operate? -----

Please indicate the main ethnicity/ies of your client group? -----

Please provide the following:

- **Constitution**
- **Another information of your organization**

We agree to abide by the constitution of LRV and to work to further the organisation's aims.

Signed by: -----

Chair/Secretary -----

Date: -----

Please return this form to :

**LRV,
Cocoon House, Market Approach (Off Lime Grove),
Shepherds Bush,
W12 8EE
0208 7438246, 02087438733 or 07833155576**