

## APPLICATION FOR MEMBERSHIP OF WAVET

Name of organisation:	
Contact name:	
Address:	
Postcode:	
Phone no:	
Email:	
Website:	
Main activities and/or services provided:	
Do you work directly with people who access Mental Health Services? Yes/No	
If Yes, please give details	
Annual membership fee:	Cheque for £25 enclosed Yes/No (Please delete as appropriate)

Please return completed form, together with your cheque (payable to 'WAVET') to:

Sarah Bye, Service Manager, Richmond Fellowship, Unit BC, The Paddocks, 347 Cherry Hinton Road, Cambridge CB1 8DH.

Data Protection Act: Please note your records will be stored on our database, but will not be passed to anyone outside WAVET Group.

FOR OFFICIAL USE

Membership No	Subscription paid/renewed	Date paid	Cash	Cheque