

Friends of Coventry Haven

REGISTRATION FORM

PRIVATE AND CONFIDENTIAL



COVENTRY HAVEN

PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK AND RETURN TO:
Coventry Haven, 22 Marlborough Road, Stoke, Coventry, CV2 4EP or e-mail to:
lpost@botconnect.cm

Where did you hear about Friends of Coventry Haven? _____

Date of registration: _____

PERSONAL DETAILS

Full Name: (Mrs/Ms/Miss/Mr) _____

Address: _____

_____ **Postcode:** _____

Contact Telephone Number: Home _____ **Mobile:** _____

E-mail address: _____

(we will not use this address to send promotional material)

Nationality: _____ **Ethnic Origin:** _____ **Date of Birth:** _____

Tell us a bit about yourself and why you want to be a Friend of Coventry Haven:

Do you have any fundraising experience? YES/NO (please circle)

If yes, please specify:

REFEREES *(We are not able to accept references from relatives)*

Please provide the names and addresses of two people who will provide a reference and you have known for at least 1 year.

Full Name: _____

Full Name: _____

Position: _____

Position: _____

Address: _____

Address: _____

Tel no: _____

Tel no: _____

Relationship/connection to you: _____

Relationship/connection to you: _____

Being a Friend of Coventry Haven is subject to the following requirements:

- Receipt of the Fundraising Agreement Form *(which you will find in the pack we will send to you)*
- Receipt of two satisfactory references

DECLARATION

I confirm that the information given on this form is to the best of my knowledge, true and correct. Any false statement may be sufficient cause for rejection of this registration.

Signed: _____

Date: _____