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**Membership Application Form**

**Name of Livery Company:** ………………………………………………………………………

**I wish to apply to join the Livery Charity Chairs Group**

**I am the chair of my Livery Company’s Charity ( yes / no )**

**If the answer above is no, the Chair of our Charity supports my application to be the representative of our Company’s Charity on the Group ( yes / no )**

**Usually membership is restricted to one member per Company. If a member of your Company is already a member of LCCG, please set out below why you would like to apply to be a second member:**

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**Name E-mail address Office in Charity/Company**

………………………………. ……………………………………… ..………………………………………

**I agree that if my application is successful, the above email address can be shared with other members of the Livery Charity Chairs Group in connection with matters relating to Livery Charities. (This is a requirement of membership.) ( yes / no )**

**I would like to join the LCCG WhatsApp Group (This is optional.) ( yes / no )**

**If yes, please enter your number below which will then be passed to the Group’s WhatsApp Administrator.**

**Mobile phone number…………………………………………………………………………………………**

**Signed …………………………………………………………… Date …………………………………**

**Please send your completed form by email to** **liverycharitychairsgroup@gmail.com** **or by post to Dr Hilary Lindsay, LCCG Convenor, 23 Stourhead Drive, Northampton, NN4 0UH. Please refer queries to Hilary at** **liverycharitychairsgroup@gmail.com****.**