



Application for Full Membership

(Full membership is open to women aged 16 years or over)

Name of applicant : Title Forename(s)

Surname

Address :

.....

..... **Post code:**

Telephone no. :

Email :

All applicants are requested to read and sign the accompanying Additional Notes on Application for Full Membership before signing the declaration below.

If you need any help to fill in this form or would like any further information, please contact Caroline Burrell on 0131 557 6737 or at caroline.burrell@ewrasac.org.uk for further information.

Declaration :

I, the woman named above, apply to the Directors to become a Full Member of *Edinburgh Women's Rape and Sexual Abuse Centre* (the Company) in accordance with its Articles of Association. I am aged 16 years or over.

I am in agreement with the Objects of the Company and I agree to be bound by the rules of the Company.

In the event that the Company is wound up I agree to pay a sum not exceeding £1.00 (one pound) towards meeting any outstanding debts of the Company.

Signed Date:

NB. No woman shall be admitted to be a Full Member of the Company unless her application for membership is approved by the Directors. The Directors reserve the right to refuse membership in cases where they consider there are reasonable grounds for doing so.

Please return this form to:
The Company Secretary
EWRASAC
1 Leopold Place
Edinburgh
EH7 5JW

Registered Office:
c/o Maclay Murray & Spens LLP
Quartermile One
15 Lauriston Place
Edinburgh
EH3 9EP