



# APPLICATION/RENEWAL ASSOCIATE MEMBERSHIP FORM For 1 July 2016 – 30 June 2017

## 1. Contact Information

|   |       |  |            |
|---|-------|--|------------|
| Name of Organisation:                     |       | New Member <input type="checkbox"/>      |            |
|   |       | Existing Member <input type="checkbox"/> |            |
| Address:                                  | City: | Post Code:                               | Telephone: |
| Mailing Address (if different)            |       |  |            |
| Contact person for membership:            |       | Email address:                           |            |
| Add other emails to receive e-newsletters |       |  |            |
| Additional email 1: _____                 |       | Additional email 2: _____                |            |
| Name and job title:                       |       | Name and job title:                      |            |

## 2. Legal Information

|   |
|---|
| Charities Registration Number:  |
| Associate membership is open to either: <ul style="list-style-type: none"> <li>(a) Any Service Provider holding a current relevant government contract, which in the sole discretion of the Executive Committee has compatible objectives to the Association; or</li> <li>(b) Any group, society or association that may not provide services but whose objectives are compatible with those of the Association.</li> </ul> |
| Please describe how your organisation's objectives are compatible with those of SSPA:   |
|   |

## 3. Service Information

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|--|
| MSD Agreements: List your contracted services or programmes<br>(e.g. Information & Advice Services)                        |
|  |
|  |
| Non-MSD Contracts: List any contracted services or programmes<br>(e.g. MOJ: safety services for domestic violence victims) |
|  |
|  |

## 4. Operational Information

|                     |                                    |                                     |                                    |
|---------------------|------------------------------------|-------------------------------------|------------------------------------|
| Years of operation: | <input type="checkbox"/> 0-4 years | <input type="checkbox"/> 5-10 years | <input type="checkbox"/> 10+ years |
|---------------------|------------------------------------|-------------------------------------|------------------------------------|

