

# SAKOMA

(TOGETHERNESS)

c/o Stronger Together Team, Reading Voluntary Action, 35-39 London Street, Reading, RG1 4PS

Tel:0118-9584849

## MEMBERSHIP APPLICATION

**Name of Organisation:**

**Organisation's address:**

1. **Organisation's telephone Number:**

2. **Website address (if any):**

3. **Briefly state how you would like to describe what your organisation does (50 words maximum):**

4. **How often do you hold your meetings?**

At least once per week

Less than once per week

At least once per month

Less than once per month

At least once per year

Less once per year

5. **How many members do you have?**

6. **Any other Information:**

7. **Name and address of the person you wish to appoint as your Representative on the list and the BME Network:**

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8. **Contact Telephone Number:**  
**Mobile:**
  
9. **Email Address:**
  
10. **Name and address of the person you wish to appointment as your Deputy Representative On the list and the BME network:**
  
11. **Contact Telephone Number:**  
**Mobile:**
  
12. **Email Address:**
  
13. **Name of the person completing this pro-forma:**
  
14. **Position in the organisation:**

**Signature**

**Date:**

**Please Return to:**

**Sakoma  
Stronger Together  
Reading Voluntary Action  
35-39 London Street  
Reading  
RG1 4PS  
Tel 0118-9584849  
Email : yasmin@volaction.demon.co.uk**