

## APPLICATION FOR GROUP MEMBERSHIP

Thank you for applying to become a group member of the Guernsey Disability Alliance. Our apologies for the legal terminology in this form but it is required for all charities that are also a 'company limited by guarantee'.

We are set up this way because we want to make sure our members can be part of the GDA without any concerns about being held responsible for what we do. Signing the declaration below as part of your application means the most anyone could ever ask you to pay in the (very unlikely) event of the GDA getting into financial difficulties is £1.

**Please fill in the name of your organisation below and ask your Chair to sign the declaration on this page. Then turn over to tell us who will represent your organisation at GDA meetings.**

..... (insert name of organisation)

applies for membership of the Guernsey Disability Alliance LBG, reg no 55102, a Company Limited by Guarantee [without a Share Capital] (the "Company").

In accordance with the Memorandum of Incorporation of the Company, whilst the liabilities of members is limited, each member undertakes to contribute such amount as may be required (**not exceeding £1**) to the Company's assets if it should be wound up while you are a member or within one year after such membership ceases, for payment of the Company's debts and liabilities contracted before such membership ceased, and of the costs, charges and expenses of winding up.

In signing this form you acknowledge this undertaking and confirm that you will be willing to contribute up to the amount of £1 should you be called upon to do so.

Chair's signature: .....

Date: .....

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**For GDA use only:**

The Directors have resolved at their meeting on .....to admit  
..... as a member of the Company.

Signed: ..... Date: ..... (Director)

Applicant notified & entered into Register:

Signed: ..... Date: ..... (Hon Sec)

**N.B.** The GDA is required under its Memorandum of Incorporation to hold and maintain a Register of Members, available on request. In addition, the GDA Secretary will contact you to determine what, if any, entry you wish to include about your organisation on the GDA website – see [www.disabilityalliance.org.gg/links/member-organisations/](http://www.disabilityalliance.org.gg/links/member-organisations/).

Please give below details of your representatives who will attend GDA meetings:

Name of Representative		Name of Representative	
Role within charity		Role within charity	
Postal Address		Postal Address	
Email /		Email	
Phone number		Phone number	
Mobile number		Mobile number	
Facebook / Twitter		Facebook / Twitter	

Each member organisation of the GDA is entitled to send up to two representatives to meetings. Each representative holds one vote but can only exercise that vote if he/she is present at the meeting. Representatives are responsible for passing on relevant information from the GDA to their members and bringing their members' views to GDA meetings.

If the organisation's representative at GDA meetings is NOT the Chair (or equivalent), please list the Chair's contact details below. From time to time it may be necessary for us to contact the Chair on specific issues.

Name of Chair	
Postal Address	
Email address	
Phone number	
Mobile number	

**Media Consent:** Sometimes we take pictures of our events to display on our website, Facebook page or print media. These are likely to be informal group pictures. We are happy to provide a digital copy of the picture if requested. Please indicate whether your representatives consent to being included in photo material we may use.

Yes       No

Signature:.....

Date .....

**Please return this form to: Guernsey Disability Alliance,  
Calliope, La Planque Lane, Forest, GY8 0DR      Phone 07781 467310.**