

CAMBRIDGE ETHNIC COMMUNITY FORUM

Membership Application Form INDIVIDUALS – ASSOCIATE MEMBERSHIP



Personal Details			
First Name		Surname	
Age	18-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51+ <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Ethnicity			
Address	Home	Work	
Telephone	Mobile		
	Home		
	Work		
	E-mail		
EDUCATION			
School <input type="checkbox"/>	A Levels <input type="checkbox"/>	Degree <input type="checkbox"/>	Graduate professional degree <input type="checkbox"/>
GCSEs <input type="checkbox"/>	Technical / Business College <input type="checkbox"/>	Masters Degree <input type="checkbox"/>	Any Other <input type="checkbox"/> [Please state below]
PRIMARY EMPLOYMENT			
Education <input type="checkbox"/>	Government <input type="checkbox"/>	Non profit <input type="checkbox"/>	
Legal <input type="checkbox"/>	Medical <input type="checkbox"/>	Media or Public Relations <input type="checkbox"/>	
Religion <input type="checkbox"/>	Retail <input type="checkbox"/>	Information Technology <input type="checkbox"/>	
Marketing <input type="checkbox"/>	Financial <input type="checkbox"/>	Fund-raising <input type="checkbox"/>	
General Strategic Planning and Training <input type="checkbox"/>	Research <input type="checkbox"/>	Other [please give details] <input type="checkbox"/>	
What prompted you to join Cambridge Ethnic Community Forum?			
What skills do you have that could help develop the organisation?			
Do you have any experiences, thoughts or ideas of ethnic minority issues which you would like to share?			

What expectations do you have of the organisation as a member?	
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Signature

Date

Please return this form to the CECF office at the address below.

CAMBRIDGE ETHNIC COMMUNITY FORUM

16-18 Arbury Court; Cambridge CB4 2JQ
Tel: 01223 655 241

Tel: 01223 – 655 241
Email: CecfEnquiries@Cecf.Co.Uk
Website: www.cecf.co.uk