

Life Changers is a training provider that specializes in helping people and businesses achieve their full potentials. Life Changers is a not-for-profit set up to reduce the rates of exclusion, we deliver personal development trainings, business support and training for both individuals and businesses.

As a member of Life Changers, you will receive the following benefits:

- 1 Low cost trainings subject to funding
- 2 Free Business consultation
- 3 Reduced rates on most business services & Publications
- 4 Special members' newsletter
- 5 Free information, support and guidance,
- 6 Reduced rates for adverts in Life Changers News and website

For more information visit: www.life-changers.org.uk

How to join Life Changers:

1. Read and complete all sections of this form
2. If applicable, enclose cheque made payable to Life Changers
3. Post this form along with payment to **Life Changers, Suite 203b, Island Business Centre, 18-36 Wellington Street, Woolwich, London SE18 6PF**

Join Life Changers and start getting the best life has to offer

MEMBERSHIP / MEMBERSHIP RENEWAL FORM

Organisation Contact Information Please provide your organisation's contact details.	
Name of Group/Organization	:
Address	:
Office telephone number	:
Fax Number	:
Website address	:
Office email address	:
Details of Main Contact Person Please provide details of the main point of contact within your organisation. This person will be sent mailings and e-bulletins	
First Name	:

Last Name	:
Job Role/Title	:
Email address	:
Telephone Number	:

About your Organization

Are you a company or charity? (please tick) **Yes** **No**

Number :

No. of paid workers (please tick) **0** **0-10** **11+**

No. of volunteers (please tick) **0** **0-10** **11+**

Main aims/mission statement of your organization :

Area (s) of delivery of services (please tick all that apply) **Locally** (e.g. within Greenwich.)

Region (e.g. within London)

National (e.g. UK)

Other (please specify):

Type of Organisation (please tick all that apply)

Community Centre **Community Group**

Faith **Forum**

Health Project **Infrastructure Organisation**

Settlement **Tenants Residents Association**

Voluntary Organisation

Other (please specify):

What services do you offer? (please tick all that apply)

Advice and Information **Adult Education**

Advocacy **Capacity Building**

Community Development **Counseling**

Settlement **Employment**

Environmental/Ecological **Health Care**

Home Support Services **Infrastructure Support**

What services do you offer?
(please tick all that apply)

<input type="checkbox"/> Mother Tongue Support	<input type="checkbox"/> Supplementary School
<input type="checkbox"/> Training	
Other (please specify):	
<input type="checkbox"/> Black, Asian and Minority Ethnicity (BAME)	<input type="checkbox"/> Careers
<input type="checkbox"/> Children/Families	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Lesbian, Gay, Bi-sexual and Transgender (LGBT)
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Older People
<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> Refugees/Asylum Seekers
<input type="checkbox"/> Tenants Residents Association	<input type="checkbox"/> Volunteers
<input type="checkbox"/> Women	<input type="checkbox"/> Young People

Membership Charges
Membership of Life Changers is for the duration of the financial year (April-March).

1. Type of membership
Please indicate which membership you are applying for (Please tick one only).
Membership is open to all organizations in London

No paid workers - £10

No paid workers - £20

Paid workers - £50

2. Method of Payment
Please let us know how you will pay for your membership (Please tick one only)

I have come to the office to make payment

I enclose a cheque for the amount above made out to Life Changers

Data Collection
We will send information to the main contact person specified on this form. However, if other people in your organisation would like to receive this information they should contact Life Changers.

If you do not wish to receive information from Life Changers, tick this box

Signature of Main Contact

I have read and completed this form

Signature :

Date :

Office Use Only:

Membership ID :

Input Date :

Renewal Date :

Input by :

Fees (Yes / No) Yes No

Fee Paid £

Payment method Cash cheque Invoice