



Cameroonian Action for Aids, Welfare and Return Home

(CAAWRHO)

2011 MEMBERSHIP FORM

CAAWRHO is a non-profit dedicated organisation to help communities, for the exclusive and charitable benefit of government agencies, corporate entities and general public, through Advice and Information, Education and Training within the following focus areas:

- § Immigration
- § Employment/Housing/Benefits/Debt
- § English Language
- § IT Skills/ Music Skills
- § Life for UK Test

It is the vision of the boards of trustee of CAAWRHO that this organisation shall provide a key leadership role in the integration, development and well being of Asylum Seekers and Migrant in particular and Local Communities in general.

CAAWRHO offers two (2) membership classes:

1. General Membership (£40)
 - a. Open to all individuals of the general public that support the organisation's vision and mission
2. Executive Membership (£100)
 - a. Open to all group and other special membership classes including business entities, governmental groups and other organisations that support the organisation's vision and mission
 - b. Special membership classes may include non-profit and other aid organisations, along with private foundations and persons wishing to gift multiple membership (up to 4)

ALL prospective members of CAAWRHO are required to complete this registration form and return, with payment, to:

CAAWRHO
Attn: Membership Committee
349 Camberwell Business Centre
99/103 Lomond Grove
London, SE5 7HN

-OR-

Email this form in MSWord or PDF format to: info@caawrho.org.uk

If you have questions about membership information, please contact our Membership Committee at info@caawrho.org.uk or visit www.caawrho.org.uk for more information.

SECTION 1: MEMBER CONTACT INFORMATION

| | | | | | | |
|------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|------------------------------|--|
| TITLE | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms. | <input type="checkbox"/> Dr. | <input type="checkbox"/> Other, specify: |
| FULL NAME | | | | | | |
| ADDRESS 1 | | | | | PHONE # | |

| | | | |
|--------------------|--|---------------|--|
| CITY/ST/ZIP | | WORK # | |
| EMAIL | | CELL # | |

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

| MEMBER TYPE | DESCRIPTION | ANNUAL MEMBERSHIP DUES | PLEASE CHECK |
|---|---|-------------------------------|---------------------|
| GENERAL MEMBERSHIP (Open to all individuals) | <u>General Membership includes:</u> § Quarterly e-Newsletter detailing the most up-to-date information on the organisation's activities such as completed findings, in-progress research and proposed topics for study. § Advice and Information on all relevant topics § Training and Education on English Language, IT and Music skills. § 25% Discount on all products or events sold or organise on behalf of the organisation. | £40 ¹ | |
| EXECUTIVE MEMBERSHIP (Group and Special memberships only) | <u>Executive Membership includes:</u> § Discounted Group Membership up to four (4) people from the same organisation § Everything included in the General Membership category. § 25% Discount on all services sold on behalf of the organisation. | £100 ¹ | |
| ADDITIONAL DONATION | CAAWRHO is a non-profit organisation ¹ and depends upon your support...Thank You! | £ _____ | |
| PAYMENT METHOD | <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other Please make checks payable to: CAAWRHO | | |

SECTION 3: MEMBER DEMOGRAPHIC INFORMATION

| |
|---|
| OCCUPATION/JOB TITLE: |
| AFFILIATION: |
| ADDRESS OF AFFILIATED BUSINESS/ORGANISATION: |
| PROFESSIONAL AFFILIATIONS: |
| What is your interest in supporting CAAWRHO: <input type="checkbox"/> Fundraising <input type="checkbox"/> Volunteering <input type="checkbox"/> Advocacy <input type="checkbox"/> Other _____ |

The information provided above will be used only by CAAWRHO. It will also be used to keep you informed about future activities and events. I agree to pay Annual Membership dues upon my commitment to CAAWRHO.

| | | | |
|------------------|--|-------------|--|
| SIGNATURE | | DATE | |
|------------------|--|-------------|--|

FOR AIIIE USE ONLY:

| | | | | | | | |
|---------------|--|-------------------|--|----------------|--|-----------------|--|
| Date Received | | Payment confirmed | | Receipt issued | | Entered into DB | |
|---------------|--|-------------------|--|----------------|--|-----------------|--|

¹CAAWRHO is a legally recognised public charity. Donations are tax-deductible to the extent allowed by law. Please consult with your tax professional for any questions regarding the tax status of your donation. Thank you! Dues are effective for one year from the date of receipt of your membership application and fee.