

Select 'File' then 'Make a Copy', replace our name with yours, then confirm, edit as required and download as a PDF. Email to blackfoxesuk@gmail.com. Someone will be in touch to confirm your membership within 5 working days.

BLACK FOXES UK MEMBERSHIP FORM

1. FULL NAME (or Organisation's name)

<Insert Name>

2. EMAIL ADDRESS (or Organisation's address)

<Insert Email Address>

3. PHONE NUMBER (or Organisation's number)

<Insert Phone Number>

4. REGIONAL LOCATION

London ▾

* Please select the appropriate option from the dropdown.

5. QUALIFICATIONS/PROFESSION (Organisation's area of expertise)

<Insert Details>

6. REASON FOR JOINING

<Insert Details>

7. MEMBERSHIP TYPE FOR REVIEW

General Member ▾

* Please select the appropriate option from the dropdown.

8. AGE REQUIREMENT

☐ Yes, I can confirm I am over 18 years of age.

9. SIGNATURE & DATE

☐ By submitting this application, I agree to abide by the organisation's Code of Conduct, as well as the terms and conditions of membership detailed in the Constitution. I understand the role of members, that I will receive correspondence from the organisation, that the AGM is held yearly in the 1st week of July, that membership is currently free but subject to change, and that my membership is subject to approval by the organisation's committee.

☐ I agree that any electronic signature on this document is the same as a handwritten signature for the purposes of validity, enforceability and admissibility, and that any electronically signed document shall, for all purposes of the document and applicable law, be deemed to be "written" or "in writing", to have been executed, and to constitute an original written record when printed, fully admissible in any legal proceedings.

Signed :<Insert Signature>..... | Name:<Insert Name>.....

Date:<Insert Date>.....

*Once your membership has been approved, someone will be in touch with a welcome pack and your certificate of membership.