

**AFCP Membership Application Form**

The following organisation wishes to apply for admission to membership of the Agrifood Charities Partnership.

**ORGANISATION NAME:**.................................................................................................

**CONTACT NAME**:............................................................................................................

**ADDRESS:** ......................................................................................................................

........................................................................................................................................

**POSTCODE:**................................................ **TELEPHONE NO**:..........................................

**EMAIL ADDRESS**:............................................... **WEBSITE DETAILS:**...............................

**REGISTERED CHARITY NO:**...........................

Signed on behalf of the organisation:..................................................

Name in BLOCK CAPITALS:...................................................................

Dated:.........................................

**Payment Method:**  
Please **make cheque payable to** **AFCP for £300** for 2017/18 Membership and post to:  
AFCP, The Bullock Building, University Way, Cranfield, Bedford MK43 0GH

Or **pay £300 online to AFCP**, Sort Code: 40-10-02 Account Number: 12469944, quoting Charity/Organisation Name

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