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**Associate Membership  
Application Form**

**Organisation Details:**

|  |  |
| --- | --- |
| Organisation Name: |  |
| Address: |  |
| Postcode: |  |
| Telephone Number: |  |
| Mobile Number: |  |
| E-mail address: |  |
| Web address: |  |
| Social Media details:  e.g. Facebook/ Twitter |  |

**Primary Contact:**

|  |  |
| --- | --- |
| Name: |  |
| Organisation Designation: (e.g. Chair/ Member) |  |
| Address: |  |
| Postcode: |  |
| Telephone Number: |  |
| Mobile Number: |  |
| E-mail address: |  |

**Secondary Contact:**

|  |  |
| --- | --- |
| Name: |  |
| Organisation Designation:  (e.g. Chair/ Member) |  |
| Address: |  |
| Postcode: |  |
| Telephone Number: |  |
| Mobile Number: |  |
| E-mail address: |  |

If the Primary and Secondary contact are not your Chair or Treasurer can you please provide their details too:

**Chair:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Telephone Number: |  |
| Mobile Number: |  |
| E-mail address: |  |

**Treasurer:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Telephone Number: |  |
| Mobile Number: |  |
| E-mail address: |  |

What is the main aim of your organisation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your membership figures?

Female Members \_\_\_\_\_ Male Members \_\_\_\_\_

Junior Members (U18s) \_\_\_\_\_ Adult Members \_\_\_\_\_

SIMD Members (Quintile 1) \_\_\_\_\_

**Total Membership \_\_\_\_\_**

Please note, on acceptance of membership, both your organisation and members will be requested to complete our full equality survey.

Has your organisation ever applied for an: - Awards for All Grant or Sportsmatch grant?

Yes / No\*

\*Please delete/ circle as appropriate

**Child Protection Officer:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Telephone Number: |  |
| Mobile Number: |  |
| E-mail address: |  |
| Please submit a copy of appropriate certificates | |

**Health & Safety Officer:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Telephone Number: |  |
| Mobile Number: |  |
| E-mail address: |  |
| Please submit a copy of appropriate certificates | |

Do you have children or vulnerable adults within your groups?

Yes / No\*

Do all the groups within your organisation have a child protection officer & Policy?

Yes / No\*

\*Please delete/ circle as appropriate

In addition to the previous information, we would be grateful for the following information. If you are unclear about the meaning of some of these details, please pass to the person in your organisation who usually looks after organisational and legal matters.

Thank you for your help.

1. Formal name of your organisation in Scotland

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the legal status of your organisation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E.g. Company limited by guarantee

Company limited by shares

Unincorporated association

Branch of UK body which is one of the above.

1. Do you have a constitution covering your Scottish organisation? Yes/No \*

If so please provide a copy.

1. Do you produce audited or certified accounts for your Scottish organisation and two signatories on the cheque book? Yes/No \*
2. Does your Scottish organisation hold an AGM every year? Yes/No \*
3. How many AGMs has your Scottish organisation held? \_\_\_\_\_\_\_
4. Do you approve your accounts at your AGM each year? Yes/No \*
5. Do you agree to sign up to all **horse**scotland’s Plans and Policies? Yes/No \*

\* Please delete/ circle as appropriate

Please sign to confirm all the information you have provided is accurate:

A full copy of **horse**scotland’s Memorandum of Articles and Understanding can be found on **horse**scotland’s website at [www.**horse**scotland.org](http://www.horsescotland.org)

**Annual Membership Costs (1st April – 31st March)**

|  |  |
| --- | --- |
| **Associate Membership** | |
| **No. of Registered Members** | **Fee** |
| 5,000 and over | £475 |
| 2,000 to 4,999 | £350 |
| 1,000 to 1,999 | £250 |
| 100 to 999 | £200 |
| 0 to 99 | £85 |

|  |
| --- |
| **Member Benefits** |
| * Direct Interface with Scottish Government * Access to a range of policies, e.g. equity, child protection, health and safety * Access to the Protection of Vulnerable Groups Scheme Registration * Advice and support helpline * Project support * Promotion of Member Body activity and events on **horse**scotland website, App., and social media channels. * Access to UK Coaching Certificate Resources and Candidate Funding |
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Further information on all the above mentioned policies and procedures can be found at [www.**horse**scotland.org](http://www.horsescotland.org) and you are able to adopt all relevant **horse**scotland policies

For any further help please contact **horse**scotland by e-mail [info@horsescotland.org](mailto:info@horsescotland.org) or telephone 07834 558916

Please send completed forms, cheque (made payable to **horse**scotland) and supporting documents (a copy of your Insurance, Child Protection and Health & Safety Officers Certificates, constitution, and three years accounts if applicable)

**horse**scotland

PO Box 8523

Prestwick

Ayrshire

KA9 9AX

**horse**scotland is a Company Limited by Guarantee, Company Number 277875