

Application for Membership / Associate Membership of GRAIH

Full Name			
Address			
Telephone number			
Email			
Mobile number			
Over 18	YES / NO		
I consent to all of the above information being included in the Graih register of members			YES / NO *
* If no, please indicate which items should be excluded			

I _____ (name in full)
wish to become a member / Associate member of Graih.

I consent to becoming a member / Associate member of Graih and agree to abide by Graih's Council of Management decision in this respect.

I agree to actively support the aims of Graih as set out in the Graih Members' Guide.

I acknowledge and will adhere to the responsibilities of members as set out in the Graih Member's Guide and recognise the authority of Graih's Council of Management.

I agree to hold to the Basis of Faith as set out in the Graih Members' Guide (Members only).

In the event that my application for membership / Associate membership is accepted, I hereby undertake to contribute such an amount as may be required (not exceeding £1.00) to the assets of Graih in the event of its being wound up, while I am a member of Graih or within one year after I cease to be a member of Graih.

I hereby enclose the £10 one-off non-refundable joining fee. Should my application for membership / Associate membership be declined, the joining fee will be refunded in full.

Signature Date

Please sign the declaration above and the questions overleaf and return with the joining fee to:

The Secretary, Graih, The Alpha Centre, Broadway, Isle of Man IM2 4EJ.

(Cheques to be made payable to "Graih")

Please complete the questions below	
Have you read the Members' Guide? If "no", please ask the Manager or Secretary of Graih for a copy or download it from our website www.graih.org.im before you complete the remainder of this application.	YES / NO
Why do you want to become a member of Graih?	
Please provide the name of a referee who is a committed Christian.	
Please indicate how you currently or intend to actively support the work of Graih.	

FOR ADMINISTRATIVE PURPOSES ONLY

Membership application fully completed and signed?	Yes/No* (If "no" return form for completion)
Joining Fee paid?	Yes/No* (If "no" contact applicant)
References taken up?	Yes/No*
Membership application accepted?	Yes/No*
Category of membership	Member / Associate Member*
Members of Council initials & date	