**LIVINGSTON VILLAGE COMMUNITY EDUCATION CENTRE ASSOCIATION**

**APPLICATION FOR AFFILIATED MEMBERSHIP**

Name of Group:................................................................................................

Contact Person:................................................................................................

Address (including Post Code):............................................................................

.........................................................................Tel No:...................................

Name of person(s) reponsible for supervising the Group:........................................

Purpose of Group:.............................................................................................

Main Acivities:..................................................................................................

Nos. in Group (max 30):....................... Age Range of Group:...............................

Do You Make a Charge to Group Members? YES/NO. If Yes, How Much:....................

Please indicate what these funds are used for:...................................................... ......................................................................................................................

Nominated representative to attend LVCECA meetings (**note that affiliated groups are required to send a representative to the association’s meetings**):

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Names of Organisation Office Bearers (or Equivalent)

Chairperson:....................................................................................................

Treasurer:............................................Secretary:............................................

Requirements (Please tick)

Facilities:- Gym Hall:.......Community Room 1:.......Community Room 2:.......

Day(s):- Mon:...... Tue:...... Wed:...... Thur:...... Fri:......

Times:- From:..................................... To:..........................................

Is Your Application for:-

Daily Use:.................... Weekly Use:.........................

Will your group meet during term time only or all year?:..............................

This form should be completed and returned, together with one signed copy of the “Conditions Of Let”, any relevant documents and the Affiliation Fee to:-

Maggie Wills

Livingston Village Community Education Centre, North Kirkton Lane, EH54 7EQ

Cheques should be made payable to:-

“LIVINGSTON VILLAGE COMMUNITY EDUCATION CENTRE ASSOCIATION”

**PLEASE NOTE THE FOLLOWING :-**

**1. No Roller Blades/Skates or “Heely” shoes of any kind are allowed in the school**

**2. Any Food Preparation must be covered by an appropriate Food Hygiene Certificate and a copy provided to us with application annually**

**3. Any music played must not exceed 85 dba**

**4. A current PVG certificate must be completed and provided to us for any club/activity where minors are to be invited/present without a parent/guardian**

**SCOTTISH CHARITABLE ORGANISATION O.S.C.R. No. SCO14391**