



AUKAC  
C/o Walesby Forest  
Newark, Notts  
NG22 9NG  
Phone: 01623 860202  
[www.aukac.org.uk](http://www.aukac.org.uk)

# AUKAC Membership Application

Date:

Centre Name:   
Address line 1:   
Address line 2:   
City:   
County:   
Postcode:

Applicant Name:   
Position:   
Phone:   
Fax:   
Email:   
Web:

Membership Type:       Full       Associate

Please see AUKAC Code of Practice at:  
[www.aukac.org.uk/codes.html](http://www.aukac.org.uk/codes.html)

**Centre Information:** Please use latest account / centre information where applicable.

Turnover:   
No Annual Camp Nights:   
Size (acreage):   
Size (Capacity):   
No Residential Beds:   
No Permanent Staff:   
No Seasonal Staff:

Company No:   
Charity No:   
Sector:

Membership fees: £100 for full members and £25 for associate members.

**Declaration:**

By signing this application, I confirm that I am not aware of any reason why the centre named above should not be accepted into membership of AUKAC and the details above are correct.

**Undertaking:** By signing this application, I undertake to ensure the centre named above observes the codes of practice of the AUKAC at the appropriate membership level.

**Data Protection Act:** By signing this application, I agree to AUKAC keeping data about me for the purpose of maintaining my membership of the Association, advising me of activities, publications and other AUKAC products and services. Any data held by AUKAC is not revealed to any individual or organisation other than that required by statute.

Signature: