



Co-operative Councils

Innovation Network

Affiliate Membership Application Form

A: Your organisation

Organisation Name: _____

Total annual budget (capital & revenue): *This is to calculate membership fees*

Correspondence address _____

Twitter handle: _____

B: Main contact

Name: _____

Job Title: _____

Telephone number: _____

Email address: _____

C: Alternate contact

Name: _____

Job Title: _____

Telephone number: _____

Email address: _____

D: Invoicing Contact

Payment contact: _____ Email: _____

Account Name: _____

Bank Name: _____

Account Number: _____ Sort Code: _____

E: Contact details for anyone who you would like to receive our monthly Update eNewsletter including other key contacts (up to ten email contacts)

Name: _____

Telephone number: _____

Email address: _____

Name: _____

Telephone number: _____

Email address: _____

Name: _____

Telephone number: _____

Email address: _____

Name: _____

Telephone number: _____

Email address: _____

Name: _____

Telephone number: _____

Email address: _____

Name: _____

Telephone number: _____

Email address: _____

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