



VALREC Membership Form

FULL NAME

ADDRESS

TELEPHONE

EMAIL

GENDER

WHAT IS YOUR ETHNIC BACKGROUND?

DO YOU CONSIDER YOURSELF TO BE DISABLED?

DECLARATION

I/we declare that I/we have read the stated objectives and functions of the Valleys Regional Equality Council (VALREC) and that I/we are committed to supporting these objectives and not to working towards the fulfilment of the functions.

I/we confirm that I/we live/work within the area of benefit of VALREC and that I/we are not a full member of any other Equality Council.

Please see overleaf

I/we understand that my/our own membership of VALREC is initially for a period of 3 years from the date of acceptance, at the end of which, should I/we wish renew my/our membership, I/we will be required to reaffirm in writing my/our commitment made above.

SIGNATURE

DATE