**Affiliate Membership Application Form**

Thank you for expressing an interest in becoming an affiliate member of The Lenches Pre-school.

Completing this form allows organizations or individuals who do not currently have parental responsibility for a child who attends The Lenches Pre-school [parent member] to formally express their interest in becoming an affiliate member [non-parent member] of The Lenches Pre-school.

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| **BENEFITS OF AFFILIATE MEMBERSHIP**   * **Support for the Pre-school:**   Affiliate members can contribute to the Pre-school's goals vision and objectives by offering resources, expertise, or financial support.   * **Networking Opportunities:**   Affiliate membership can provide opportunities for networking and collaboration with other individuals or organizations involved in early childhood education.   * **Access to Resources:**   Affiliate members may gain access to resources, training opportunities, or other benefits that are not available to the general public. |

**YOUR/ORGANISATION DETAILS**

**Name:**

**Role in organization:**

**Address:**

**Telephone:**

**Email:**

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| *Briefly outline the reasons for your application:* |
| *What do you/your organisation offer that benefits The Lenches Pre-school:* |
| *What do you hope to gain from Affiliate Membership?* |

**CONFIRMATION**

I/We consent to becoming an Affiliate member of The Lenches Pre-school  
I/We consent to the above contacts being added to The Lenches Pre-school mailing list

Signed:

Date:

Name:

*Please return the completed and signed form to*[***chair@thelenchespreschool.org.uk***](mailto:chair@thelenchespreschool.org.uk)