



Membership Application Form

Welcome to the Iris Cancer Partnership Membership Process

From our inception, at the heart of the Iris Cancer Partnership has always been the desire to ensure that a number of key Disciplines are equitably involved in our decision making process. This recognises that a variety of skills and experience is required to guide the future of the Charity. Our Disciplines are: people diagnosed with cancer, massage therapists, clinical / medical professionals, research professionals, and hospice / cancer care professionals.

Our Charity believes that its Members, who have voting rights, should fully understand not only “what” the Charity’s goals and plans comprise, but also “why” and “how” it is adopting its elected direction. We therefore expect our Members to engage with the Charity’s ongoing activities so that each member’s vote is registered with that full knowledge and understanding.

Applicants for membership are therefore required to first demonstrate twelve months of activity on behalf of the Charity. This is also required on an ongoing annual basis to renew membership. The form overleaf allows you to select activities that you would prefer to become involved in or in which you have skills and experience. We will work with you to try to help you match your preferred activities, skills and experience to the Charity’s activities.

Charity’s “Articles of Association”

A Charity is required to document its constitution in the form of “Articles of Association” and submit this, in Scotland, to the Office of the Scottish Charity Regulator (OSCR). If approved, then charitable status is granted and the Charity is obligated to abide by and operate within these “Articles of Association”. You can find a copy of the Iris Cancer Partnership “Articles of Association” on our website, or alternatively you can contact us for a copy. We require that you read, at a minimum, the following numbered Articles from this document to ensure that you understand your obligations as a Member of the Iris Cancer Partnership. There is also information on our meetings in the “Articles of Association”.

Article 9	Liability of Members (up to a maximum of £1)
Article 10	General Structure (Members and Directors)
Articles 11, 12, 13	Qualifications for membership (minimum age, disciplines and activities)
Articles 14	Membership disciplines
Articles 15, 16, 17	Application for membership
Article 20	Membership subscription
Article 21	Register of members
Article 22	Withdrawal from membership
Article 23	Expulsion from membership
Article 24	Termination/transfer

Code of Conduct for Members

You are also required to read the Charity’s “Code of Conduct for Members”. Please note that this is different from our “Code of Conduct for Affiliated Therapists”. You can find a copy of the “Code of Conduct for Members” on our website or, alternatively, you can contact us for a copy. Members require to be covered by the Protecting Vulnerable Groups (PVG) scheme, which has replaced Disclosure Scotland; the Charity can arrange cover for Members subject to successful application.

Membership Fee and Membership Application or Renewal

There is currently no membership fee or subscription. Of course if you would like to give a donation at any time it is always gratefully received. However, it’s your time, skills and experience in developing our charitable service that we truly value. New membership applications and membership renewals are accepted by the Charity during April and October of each year and are put before the Board of Trustees for approval at the next Board meeting following these membership application months. We require Members to apply to renew membership annually so that our membership remains active and dynamic.

Periods for Submitting your Application for Membership

You may submit your application for membership either by e-mail or by post using the contact details below. Your Membership Application Form must arrive with us no later than the last day of one of the membership application months which will be either the 30th of April or the 31st of October otherwise, for renewing Members, membership will automatically be withdrawn.

Contact Details regarding this Membership Process

For submissions, if you have any questions or require any further information about Iris Cancer Partnership membership, please contact our Membership Leader at member@iriscancerpartnership.org.uk or by post to:

Iris Cancer Partnership Membership, 27Craigs Avenue, Edinburgh, EH12 8HS.

APPLICATION DETAILS

Applicant Title: (Mr, Mrs, Miss, Ms, Dr, etc)		Applicant Full Name:			
Home Phone Number:		Mobile Phone Number:			
Are you over 18 years?		Occupation (optional):			
Membership No.: (if renewing)		Membership Period: (delete as applicable)	May to April	November to October	
Postal Address:					
E-mail Address:					
Please indicate Preferred Method of Contact		By E-mail		By Post	
Please send me a copy of the Iris Newsletter		Yes		No	

Primary Discipline represented – please indicate one only:

Personally diagnosed with Cancer		Massage Therapist		Clinical or Medical Professional		Research Professional		Hospice or Cancer Centre Professional		Other Professional: (please state)	
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Secondary Discipline represented – please indicate all others that could apply (optional):

Personally diagnosed with Cancer		Massage Therapist		Clinical or Medical Professional		Research Professional		Hospice or Cancer Centre Professional		Other Professional: (please state)	
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Activities supported during the last 12 months (please indicate all that apply):

General Fund Raising		Chill and Donate event(s)		Surveys / Data Gathering		Research Projects	
Curriculum Development		General Admin support		Information Technology		Legal Advice	
Accounting Advice		Communications		Reviewing Materials		General Support (as required)	
Other Activities: (please state)							
Named Sponsor: (named individual of the Board or Management Team for verification of activities in the previous 12 months)							

My Preferred Activities to Support the Iris Cancer Partnership during next 12 months

(please indicate by priority – 1, 2, 3, etc - all that apply):

General Fund Raising		Chill and Donate event(s)		Surveys / Data Gathering		Research Projects	
Curriculum Development		General Admin support		Information Technology		Legal Advice	
Accounting Advice		Communications		Reviewing Materials		General Support (as required)	
Other Activities: (please state)							

I have read the Iris Cancer Partnership Articles of Association and the Code of Conduct that apply to all Members of the Iris cancer partnership, and agree to abide by them in all activities related to and when representing the Charity. I enclose a passport photo or attached a photo in a computer file (e.g. jpeg) for my membership card & photo ID badge.

Signature:**Date:**For Official
Use OnlySignature of
Named Sponsor:

Date: