**Coalition for Missing Children (CMC)**

**Membership Application Form**

**Organisation details**

1. Organisation name:
2. Organisation description:
3. Website (if applicable):
4. Geographical area covered (individual service if applicable):

**Individual’s contact details:**

1. Name:
2. Address:
3. Telephone:
4. E-mail:

**Reason for applying**

Why would you like to join the CMC?

What do you feel you would bring to the group?

