

Wrexham Social Enterprise Network (WSEN) Membership Form

Title Ms / Miss / Mrs / Mr / Other (*please state*)

Member's Name(s)

Organisation

Address

.....

.....

Postcode

Tel

Fax

Email

Website

Please give a brief description of the organisation (*this will go into the Members-Only Directory*):

Are you happy for this information and contact details to go into the Members-Only Directory? Yes [] No []

Signed **Date**/...../.....