Westmeath Public Participation Network

REGISTRATION FORM



PLEASE COMPLETE ALL QUESTIONS CLEARLY

Westmeath Public Participation Network (WPPN) is the recognised voice for the Community & Voluntary Sector in Westmeath in matters relating to Westmeath County Council and its related structures.

GROUP DETAILS										
Organisation / Group Name:										
Aims and Objectives (State Briefly)										
Which Municipal Area are y	Mullingar	ullingar								
Please tick below the area your group is mainly involved in										
Community & Voluntary	Socia	I Inclusion		Environmen	tal 🗌					
Linkage Groups are the way that PPN member organisations can have a real input into policy in their area of operation. Linkage groups bring together stakeholder organisations with a common interest to discuss their diverse views and interests in a specific policy area.	Local Community									
	Strategic Policy C	C)								
	Westmeath Joint I									
If you are interested in joining a group that informs PPN	Midland Regional									
representatives on committees, please Tick one or more of the boxes opposite and you will be registered to that Linkage Group	Westmeath Count									
	Other (please state)									
GDPR										

To ensure you are kept up to date with relevant information please tick box below

I agree to Westmeath PPN contacting me with news, funding & information and events (Please tick)

GOVERNANCE								
*Current Tax or C	Charity number		Please request a form if group does not have this					
*Date Established	(DD/MM/YYYY)		*Number of Members					
*Number of volunt	teers		Number of paid staff (if any)					
*Hold regular Meetings		Yes 🗌	No 🗌	*Have wr	ritten Minutes	Yes No		
*A Written Constitution/ Statement of Aims & Objectives Yes No								
*Bank / Credit Union or Other Account Yes No								
When was last AC	AGM held? Whe			n is the next AGM to be held?				
	Do you have minutes of your groups last AGM recording elected officers and							
members to your committee? OFFICERS CONTACT DETAILS:								
Chairperson:	J	TTIOLITE	OONTA		AILO.			
Name:								
Address						Eircode		
Telephone:	Mobile:							
Email:								
Secretary:								
Name:								
Address						Eircode		
Telephone:	Mobile:							
Email:								
Treasurer:								
Name:								
Address						Eircode		
Telephone:				Mobile:				
Email:	the DDN							
*Representative to Details of a represer		orrespond wi	th and who ma	av attend m	eetinas on the	group's behalf		
*Name:				,	<u> </u>	3		
*Address						Eircode		
*Telephone/Mobile	Т			Tel/Mobile				
*Email:								
*Required. Please ensure Required questions are answered.								
Please return this form to: Westmeath Public Participation Network Office, C/O Community Development Section, Westmeath County Council, Aras an Chontae, Mullingar, Co. Westmeath Email: ppn@westmeathcoco.ie Tel: 04493 32157 for enquiries								
		OFF	FICE USE	ONLY				
College	C &	V	S.			Env		
Municipal District		Mullingar_k	Kinnegad		Athlone/Mo	oate		
Has group met PPN criteria? Yes No Reason								
Date of Registration			II.		PPN numb	per		
Details updated by:					Dat	te		