



## The Safety Net Foundation (SNF)

### Corporate Membership Registration Form

Thank you for your interest in supporting The Safety Net Foundation through our corporate membership model. Please complete this form so we can register your organisation, confirm your membership level, and process your support.

#### Organisation Details

Organisation Name: \_\_\_\_\_

Trading Name (if different): \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Industry Sector: \_\_\_\_\_

Website: \_\_\_\_\_

#### Registered Address:

Primary Contact Name: \_\_\_\_\_

Position / Job Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Secondary Contact (optional):

Name: \_\_\_\_\_ | Email: \_\_\_\_\_



## Membership Level

Please select the membership level your organisation would like to pledge to:

- ☐ SNF50 – The Safety Net 50 Member (£50/month)
- ☐ SNF100 – The Safety Net 100 Member (£100/month)
- ☐ SNF250 – The Safety Net 250 Member (£250/month)
- ☐ SNF500 – The Safety Net 500 Member (£500/month or more – please state exact amount if more) \_\_\_\_\_

## Payment & Invoicing Details

**Billing Contact Name:** \_\_\_\_\_

**Billing Email:** \_\_\_\_\_

**Purchase Order Required:** ☐ Yes ☐ No

### Preferred Payment Method:

- ☐ Direct Debit (preferred)
- ☐ Bank Transfer
- ☐ Standing Order

☐ *I confirm we will set up a Direct Debit/Standing Order to **The Safety Net Foundation**.*

**Note:** Once we receive your completed registration form, we'll issue a confirmation email containing your membership reference and our secure bank details for payment setup.

## Branding & Recognition

Please upload your company logo (high resolution, JPEG or PNG):

☐ *Logo attached*

Would you like to nominate a company representative for future SNF engagement (e.g. webinars, events, networking)?

- ☐ Yes – Name: \_\_\_\_\_ | Email: \_\_\_\_\_
- ☐ Not at this time

## Public Welcome & Promotion

The Safety Net Foundation welcomes the opportunity to publicly recognise and thank our members for their support.

**Are you happy for us to share a welcome post for your organisation on SNF's social media and newsletter?**

- ☐ Yes – we are happy for SNF to post a welcome announcement (please attach info / flyer separately etc.)
- ☐ No – please do not post publicly at this stage

**If “Yes,” please provide a short, approved company blurb or ‘About Us’ statement we can include in the post:**

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(Optional)

**Please include any approved hashtags, social media handles, or links you'd like us to tag or share:**

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### Declaration

By completing this registration, you confirm your organisation's commitment to support The Safety Net Foundation as per the selected membership level and agree to be contacted for purposes related to your membership.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### For SNF Use Only

**Membership Tier:** \_\_\_\_\_

**Date Registered:** \_\_\_\_\_

**Payment Confirmed:** ☐ Yes ☐ Pending

**Welcome Pack Sent:** ☐ Yes ☐ No

**SNF Contact:** \_\_\_\_\_