## **Membership Application Form**



First Name: Title & Surname:			Date of Birth: Telephone:		
Address:			Mobile:		
			Email:		
Post Code:				_	
Are you:		Disabled []	Carer 🗔	Professional -	Other
Details of your disability:					
Do you have a Blue Badge?					Yes/No
Do you need help with transport for outings/events etc?					Yes/No
Would you be interested in any the following workshops?  Yes/No					
Computers		Arts & Crafts		Birds	
Would you be interested in any of the following outings?					Yes/No
Gardens		Monthly Shopp	ing 🔲	Stately Homes	
Walks		Places of Intere	est 🔲	Flower Show	
Ballet		Other – please specify			
Would you be interested in our monthly coffee mornings?  Yes/No					
Members often become volunteers, would you be interested in helping with any of the following?  Yes/No					
Newsletter		Audio Newslett	er 🔲	Access Work	
Office		Fundraising		Wheelchair Serv	vice 🔲
Do you have any skills or experience you would like to offer, if so please give details overleaf.					
Do you need documents in other formats? Yes/No					
Large font		Coloured pape	er 🔲	Таре 🔲	Email
How did you hear of the Membership Scheme?					
Thank you very much for completing this form. Please be assured that your personal identity and information received will be kept confidential at all times.					
For office us	<u> </u>	No:	Paid:	Pack:	Card:
Label:	Xcel:	Database:	Date joined:		Post: