



Membership form

Thank you for joining Hertsmere Mencap, we look forward to welcoming you. As a member, you can access our daily activity programme and join our outings. In the meantime, we'll keep you up to date with all our news. Don't forget, we're here for you whenever you need support and advice.

New member details

Please fill in the boxes and return this form in the same format.

Title (Mr, Mrs, Miss, Ms, not stated) _____

Gender (male, female, not stated) _____

First name : _____

Last name : _____

Date of birth: _____

Address : _____

Postcode : _____

Contact number : _____

Mobile number : _____

Email : _____

Name of Doctor's surgery : _____

Doctor's surgery address : _____

Doctor's surgery postcode : _____

Doctor's surgery phone no : _____

Date of last Covid booster _____

If you aren't the new member please state your relationship (parent, family member, support worker)

First name :

Last name :

Contact number :

Emergency details if different from above:

First name :

Last name :

Address :

Postcode :

If attending our activities, please let us know the following:

Any helpful information e.g. likes and dislikes

Medical information:

Please remove tick if this doesn't apply



I consent to Hertsmere Mencap using my photos, videos, feedback (including participants) for promoting the Society. Hertsmere Mencap may take photos and videos of participants during activities for marketing use only

Signature:

Date:

Please return to **hdcmm@hertsmeremencap.org.uk**

Any questions? Call Karen Snyder, Head of Communications on 07938 722619

www.hertsmeremencap.org.uk

Registered Charity: 243871