



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) _____

Gender (Male, Female) _____

First name : _____

Last name : _____

Date of birth: _____

Address : _____

Postcode : _____

Home phone number : _____

Mobile number : _____

Email : _____

Name of Doctor's surgery : _____

Doctor's surgery address : _____

Doctor's surgery postcode : _____

Doctor's surgery phone no : _____

Covid vaccines/booster: YES / NO _____

Siblings names & Date of Birth: _____

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

First name :

Last name :

Email :

Contact number :

Emergency details if different from above:

First name :

Last name :

Address :

Postcode:

Tel no :

Email :

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

Any helpful information e.g. likes and dislikes

Medical information:

How did you hear about us?

Please remove tick if this doesn't apply



I give permission for Hertsmere Mencap to take photographs and / or videos and I consent to Hertsmere Mencap using my photo or video for the purpose of promoting the Society. This might include (but is not limited to) using the photos/videos in printed and online publicity, social media, press releases and funding applications

Signature:

Date:

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

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

www.hertsmeremencap.org.uk

Registered Charity: 243871