



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, prefer not to say)

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 diagnosis and
any other information

How did you hear about us?

Please remove tick if you do not give consent to photographs



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@hertsmereencap.org.uk***

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

www.hertsmereencap.org.uk

Registered Charity: 243871