Membership form

Thank you for joining Hertsmere Mencap, we look forward to welcoming you. As a member you can access our daily activity programme, join our outings & reach out for support.

New member details

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 : _____

Siblings names & Date of Birth: _____

_____

Ethnicity (e.g. Asian, Black, Mixed, White, Other, Prefer not to say)

_____

Religion (e.g. No religion, Buddhist, Christian, Hindu, Jewish, Muslim, Sikh, Prefer not to say)

_____

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 & 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@hertsmeremencap.org.uk
Any questions? Call Karen on 07938 722619