

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR PAYMENT TO GLEN VUE COMMUNITY HUB. PLEASE MAKE CHEQUES PAYABLE TO 'AGE UK EAST GRINSTEAD & DISTRICT'



Age UK East Grinstead & District
Glen Vue Community Hub, Railway Approach, East Grinstead, West Sussex, RH19 1BS
Telephone: 01342 327046 E-mail: enq@ageukeastgrinstead.org.uk
Charity Number: 1127168 Company Number: 6695518

MEMBERSHIP APPLICATION FORM

The information you provide on this form is kept in strict confidence. It will only be used in the event of an emergency so please let us know if any of the details change in the future. We do not share your information with any other organisations.

Members may come and go as they please. Age UK East Grinstead & District cannot take any responsibility for members leaving of their own accord, except when we are providing a specialised service (e.g. Dementia).

An annual membership fee is payable each April (£24.00 for the period 1.4.20. to 31.3.21). New members are charged on a pro rata basis depending upon the month of joining.

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

Personal Details

Title: Mr. / Mrs. / Miss / Ms / Other (please specify)

Full Name:

Preferred Name/Nickname: Date of Birth:

Address:

.....

..... Post Code:

Telephone No: Mobile No*:

Email Address*:

*Complete if applicable

Is a Warden present at the accommodation? YES / NO (Delete as applicable)

Marital Status: Single / Married / Widowed / Divorced / Separated (Delete as applicable)

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR PAYMENT TO GLEN VUE COMMUNITY HUB. PLEASE MAKE CHEQUES PAYABLE TO 'AGE UK EAST GRINSTEAD & DISTRICT'



Emergency Contacts

- **Next of Kin**

Name: Relationship to You:

Address:
.....
.....

Telephone No: Mobile No:

Email Address (if applicable):

- **Local Contact (required if Next of Kin is not local)**

Name: Relationship to You:

Address:
.....
.....

Telephone No: Mobile No:

Email Address (if applicable):

GP Details

Doctor's Name:

Surgery:

Do you have a Carer? YES / NO

Medical History

Do you have any known medical condition(s) or allergies, e.g. Asthma, Diabetes, history of stroke or heart condition? YES / NO

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR PAYMENT TO GLEN VUE COMMUNITY HUB. PLEASE MAKE CHEQUES PAYABLE TO 'AGE UK EAST GRINSTEAD & DISTRICT'



If YES, please give details of condition/allergy and repeat **prescription medication**, particularly if you carry medicine for use in an emergency. Members with a pacemaker should include details of serial number:

.....
.....
.....

Do you use any mobility, sight or hearing aids? YES / NO

If YES, please give details

.....

Do you have any specific dietary requirements? YES / NO

If YES, please give details

.....

How did you learn about Age UK East Grinstead & District?

.....

Glen Vue Activity Centre

(Only complete this section if you intend to regularly attend Glen Vue)

If applicable, which day(s) would you like to attend the Activity Centre?

.....

How will you travel to the Centre? *Mini-Bus / Taxi / Own Transport / Other*

Do you attend any other Centre's or Clubs? YES / NO

If YES, please give details of these and how many days a week you attend:

.....
.....

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR PAYMENT TO GLEN VUE COMMUNITY HUB. PLEASE MAKE CHEQUES PAYABLE TO 'AGE UK EAST GRINSTEAD & DISTRICT'



PLEASE ENSURE YOU COMPLETE THE FOLLOWING STATEMENTS:

Photo Disclaimer

Age UK East Grinstead & District often takes photographs to publicise its work, events, holidays and activities. Please indicate below whether you give us permission for your picture to be used.

I **do/do not*** authorise Age UK East Grinstead & District to publish photographs taken of me to publicise the organisation.

* Delete as applicable

Signature: Date:

Data Protection Act 1998

I accept that Age UK East Grinstead & District will keep the information about my membership on computerised records. These records are for the organisation's use only and are confidential. They will not be used or sent to any other third parties *except in the case of medical emergencies that occur when using our services.*

Signature: Date:

Communication Preferences

Please note that we do not share your information with any other organisations.

I am happy for my personal data to be processed for the purpose of sending me communications about the Charity's events and activities (including fundraising). YES / NO

I am happy to receive communications about the Charity's events and activities (including fundraising) by*:

- Phone Email Post * Select any that apply

For Office Use Only

Source: AC / Sat Club / VIP Application Accepted: Yes / No
Payment Received Date: Amount £..... Staff Initials:
Entered on Charitylog Date: Staff Initials: