**Individual Membership Form**

Southville Community Centre

Southville Road

Feltham

TW14 8AP

Tel: 020 8560 6969

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| The membership fee for individuals is **£10** per year. Membership fees are non-returnable. |
| PLEASE NOTE: Membership can be paid either by cash at our office (at the address above) or by cheque, made payable to Age UK Hounslow. **PLEASE DO NOT SEND CASH BY POST.** |

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| TITLE | Mr / Mrs / Miss / Ms / Other (please state) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| FIRST NAME(S) |  |
| SURNAME |  |
| ADDRESS | Postcode: |
| DATE OF BIRTH |  | GENDER | Male🞎 | Female🞎 |
| TELEPHONE NUMBER | Home: | Are you a carer? | Yes🞎 | No🞎 |
| Mobile: |
| EMAIL ADDRESS |  |

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| Are you:(Please tick relevant box) | Joining first time🞎 | Renewing membership🞎 | Membership number (if known): |

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| ACCOMMODATION TYPE (please tick relevant box) |
| Own Home🞎 | Rented Accommodation🞎 | Council Tenant🞎 | Sheltered Accommodation🞎 | Care Home🞎 |
| ETHNICITY (please tick relevant box) – For monitoring purposes only |
| White – UK🞎 | White – European🞎 | Black – African🞎 | Black – Caribbean🞎 | Indian🞎 | Pakistani🞎 |
| Bangladeshi🞎 | White – Other\_ \_ \_ \_ \_ \_ \_ \_ \_ 🞎 | Black – Other\_ \_ \_ \_ \_ \_ \_ \_ \_ 🞎 | Asian – Other \_ \_ \_ \_ \_ \_ \_ \_ \_ 🞎 | Mixed – Other\_ \_ \_ \_ \_ \_ \_ \_ \_ 🞎 |

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| Any individual applying for membership must agree with the aims of Age UK Hounslow, which is: To provide services and promote the health and wellbeing of elderly and vulnerable people within the London Borough of Hounslow regardless of race, gender, disability, sexual orientation, marital status, ethnicity or religious belief.The liability of the members is limited. In the event of the organisation being wound up while you are a member or within one year of your membership, every member undertakes to allocate an amount not exceeding £1 from the membership fee to cover costs and liability. Full Memorandum and Articles are available to read upon request.In accordance with the Data Protection Bill 2017 and Age UK Hounslow’s Data Protection Policy, it is agreed that Age UK Hounslow may hold and use personal information about me. This information may be stored in both manual and computer form. All such details will be kept confidential and will NOT be shared with any external parties. By signing this application form you agree to this statement. |

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| SIGNATURE |  |
| DATE |  |

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| **FOR OFFICE USE ONLY** |
| Payment Type | Cash🞎 | Cheque🞎 | Card Delivery | Collect🞎 | Post🞎 | New membership no. |  | Expiry Date |  | HM🞎 |

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| **EMERGENCY CONTACT DETAILS** |
| Provision of these details is **optional** and all information provided will be treated as confidential |
| NAME OF EMERGENCY CONTACT |  |
| TELEPHONE NUMBER |  |
| RELATIONSHIP (SON, DAUGHTER ETC.) |  |
| MEDICAL DETAILS |
| NAME OF GP |  |
| GP CLINIC / SURGERY |  |
| GP CONTACT NUMBER |  |
| DO YOU SUFFER FROM ANY LONG TERM DISABILITIES OR ILLNESSES? | Yes🞎 | No🞎 | If yes, please state below: |
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| ARE YOU ON LONG TERM MEDICATION? | Yes🞎 | No🞎 | If yes, please state below or if we can copy a repeat prescription to attach to your form: |
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| DO YOU SUFFER FROM ANY ALLERGIES? | Yes🞎 | No🞎 | If yes, please state below: |
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| IS THERE ANY ASSISTANCE THAT AGE UK HOUNSLOW CAN PROVIDE YOU? | We will contact you with regards to any assistance necessary stated here |

Your membership fee entitles you to:

* Reduced costs across a range of activities and services at Age UK Hounslow
* To attend and vote at our Annual General Meeting
* To apply to become a Trustee of Age UK Hounslow

As a member of Age UK Hounslow, your fee helps us to keep providing activities and services for free or at a low cost, offer new activities and services in the future and allows us to continue to further the health and wellbeing of the elderly and vulnerable in the London Borough of Hounslow through a programme of educational, social, physical and befriending activities.