

**The completed form should be returned to:**

**Newhaven and Lewes District Mencap,**  
**Riverside Hall,**  
**West Quay,**  
**Newhaven,**  
**East Sussex BN9 9BP**

**MEMBERSHIP NUMBER:**

*Year October 1<sup>st</sup>, 2018 to*  
*September 31<sup>st</sup>, 2019*

**NEWHAVEN, LEWES AND DISTRICT MENCAP MEMBERSHIP FORM:**

As a group, we are required by our constitution to keep an accurate Membership Record. Under the Data Protection Act, we will maintain confidentiality of the identity and personal information submitted. Newhaven, Lewes and District Mencap will only use any information we hold. No information will be disclosed to third parties without permission from the person in question.

This yearly subscription runs from 1<sup>st</sup> of October until the 30<sup>th</sup> of September. Members will be able to vote at meetings and will have priority with one carer to attend outings and special events and any remaining tickets will offered to other membership types.

A weekly subscription of £2.00 will be charged to club members and honorary members. This weekly fee is likely to change on ticketed events. We will try our best to inform members of this change as soon as it occurs. Full members are entitled to one Carer, Support Worker, Parent or Friend or Group Home Employee to enter free of charge on a club night.

Membership Forms **MUST** be returned by the 30<sup>th</sup> of November 2018. We will not be able to accept any membership Forms after this date unless you are new to the area and joining the club for the first time.

<b><u>Name:</u></b>
<b><u>Address:</u></b>
<b><u>Postcode:</u></b>
<b><u>Telephone No / Mobile No:</u></b>
<b><u>Email:</u></b>
<b><u>Date of Birth:</u></b>

<b><u>Membership Type:</u></b>	<b><u>Cost:</u></b>	<b><u>Signature:</u></b>	<b><u>Date Paid:</u></b>
<b>Group Home Fee:</b>	<b>£17.00</b>		
<b>Special Needs:</b>	<b>£17.00</b>		
<b>Parent, Carer, Friend, Honorary Member:</b>	<b>£17.00</b>		
<b>Siblings and Other Children: (under 10 yrs)</b>	<b>£10.00</b>		

Continued overleaf.....

**Doctor and Medical Details:**

<b>Doctor's Name:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Telephone No:</b>
<b>Medical Details:</b>
<b>Medication:</b>
<b>Special Instructions:</b>
<b>Please attach separate sheet if there is not enough space on form:</b>

Sometimes we will provide food on a club night. We cannot cater for special needs, but we will try to provide for Vegetarians:

**Next of Kin / Person to Contact in an Emergency:**

<b>Name:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Telephone No / Mobile No:</b>

**Who will bring and drop off Member?**

**Disclaimer: Do you agree to have your photograph taken for publicity and events:**

Please do not come to the Hall before 7:00 pm because the doors open at 7:00pm prompt and close at 9:00pm.

<b>Signed:</b>	<b>Date:</b>
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