

IPSWICH MENCAP 260532



I enclose **£5 family membership** for the year. **Date:**
Due: November annually

FAMILY SURNAME(next of Kin) * **GIFT AID IT**
ADDRESS: YES / NO
POST CODE
TELEPHONE NUMBER:
EMAIL ADDRESS:

PERSONAL DETAILS OF PARENTS, CARERS OR OTHER MEMBERS WHO DO NOT HAVE A LEARNING DISABILITY, AND AGE GROUP.

MR/MRS/MISS	BIRTH TO 18 YEARS
MR/MRS/MISS	18/30 31/50 51/70 71+
MR/MRS/MISS	18/30 31/50 51/70 71+
MR/MRS/MISS	18/30 31/50 51/70 71+
MR/MRS/MISS	18/30 31/50 51/70 71+

PERSONAL DETAILS OF THOSE WITH LEARNING DISABILITY.

NAME:
ADDRESS:
POST CODE:
DATE OF BIRTH:

SCHOOL / SERVICE CURRENTLY ATTENDING :.....

KNOWN ALLERGIES:.....

ADDITIONAL MEDICAL INFORMATION:.....

DOCTOR:.....

ADDRESS:

TEL:.....

If more than one with learning disabilities please give information on a separate sheet of paper. It is not necessary to have a disability to become a member of the society.

FROM TIME TO TIME WE MAY TAKE PHOTOGRAPHS OF EVENTS BUT WE NEED YOUR PERMISSION. NO PHOTOGRAPHS WILL BE USED FOR ANY OTHER PURPOSE OR HANDED TO ANY OTHER ORGANISATION WITHOUT YOUR PRIOR PERMISSION.

PHOTOGRAPH PERMISSION: *YES / NO

All information is covered by Data Protection, kept on file for our records only and not disclosed unless in an absolute emergency.

Please return to

Mrs B. Thorn Burgess House 236 Felixstowe Road IP3 9AD
barbarathorn77@gmail.com 07766 103563 / 01473 807885

* Please delete accordingly.