

## Membership Application Form (Subscription year runs from 1st November)

Help us to help others and ourselves by becoming a member or supporter of the Group by completing the Membership Form below and returning it with your subscription/donation to the Membership Secretary at the address above. All personal information held by us is treated as strictly confidential.

Please complete as fully as possible:

Title: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Preferred First Name (if any): \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse / Partner: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Profession (if retired your previous profession): \_\_\_\_\_

How did you find us?: Website  Consultant / CNS  GP  Leaflets

Health Forum  Awareness Stand / Talk  Other

Annual Subscription of £10 Enclosed:   
(Cheques payable to "Prospect Support Group")

For official use only:

Date payment received: \_\_\_\_\_

Donation (if you wish) of £\_\_\_\_\_ Enclosed:

Payment method:

Cash:  Cheque:  Other: \_\_\_\_\_

I wish to make myself available as:

Committee Member  Talkline Volunteer  Helper  (Please tick as appropriate)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_