

## **Individual Membership Form**

DAY CENTRE

The membership fee for individuals is £20 per year. This Fee is non-returnable. PLEASE NOTE: This charge will be added to you first bill.

TITLE	Mr / Mrs / Miss / Ms / Other (please state)
FIRST NAME (s)	
SURNAME	
ADDRESS	
	Postcode
DATE OF BIRTH	
GENDER	
TELEPHONE NUMBERS	Home:
	Mobile:
RANSPORT REQUIRED	
NOULD YOU LIKE BILLS MAILED? IF SO PLEASE PROVIDE DETAILS	

In accordance with the Date Protection Bill 2017 and KGVI Day Centre's Date Protection Ploicy, it is agreed that KGVI 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.

KGVI Windsor is NOT a registered care provider.

By signing this application form you agree to this statement.

SIGNATURE	
DATE	



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FOR OFFICE USE ONLY  EMERGENCY CONTACT DETAILS		
NAME OF EMERGENCY CONTACT		
TELEPHONE NUMBERS (Inc Mobile)		
EMAIL OR OTHER CONTACT DETAILS		
	MEDICAL DETAILS	
NAME OF GP		
GP SURGERY		
GP CONTACT NUMBER		
DO YOU SUFFER FROM ANY LONG TERM DISABILITIES OR ILLNESS (Please give details)		
ARE YOU ON LONG TERM MEDICATION? (Please list names)		
DO YOU SUFFER FROM ANY ALLERGIES/DIETRY RESTRICTIONS		