

The Furzedown Project

MEMBERSHIP FORM

Please complete in block letters and return completed form with the annual membership fee of £20, to The Furzedown Project, 91-93 Moyser Road, London SW16 6SJ

Title (*Mr/Mrs/Ms/Miss/Dr*):

First name:

Surname:

Address:

Postcode:

Home phone:

Mobile phone:

EMAIL:

Tick here to receive our monthly email newsletters with upcoming events and new activities

Date of birth:

EMERGENCY CONTACT:

Name:

Relationship (*Dr, friend, family*):

Address:

Postcode:

Telephone number:

ACTIVITIES AND VOLUNTEERING

Is there a particular activity at The Project in which you are interested?

Would you be interested in volunteering at The Project?

YES: *please contact me with more details* **NO**

or if you have any questions please email services@furzedownproject.org

Do you have any professional experience that could be useful or of interest if volunteering
*eg driving and escorting; photography; history; computers; design and art; performer;
gardening; fundraising*

As part of our funded work, we are obligated to ask diversity information on our members. It also helps us plan our outreach work and supports our future funding bids and grant applications

HEALTH/DISABILITY:

Do you have a disability or medical condition you think we should know about? YES NO

If yes please tick the category:

- Mental Health Physical Disability Long Term Health Condition
 Sensory Impairment Learning Disability
 Other: _____

Will you require transport from your home to The Project? YES NO

What is your Ethnicity?

- Asain/Asian British - Indian
 Asain/Asian British - Pakistani
 Asain/Asian British - Bangladeshi
 Asain/Asian British - Other
 Black/Black British - African
 Black/Black British - Caribbean
 Black/Black British - Other
 Chinese
 Other ethnic Background
 Mixed - White & Black Caribbean
 Mixed - White & Black African
 Mixed - White & Asian
 Mixed - Other
 White - British
 White - Irish
 White - Other
 Unknown

What is your sexual orientation?

- Hetrosexual/Straight
 Gay man
 Lesbian/Gay woman
 Bisexual
 Other _____

How did you get to know about The Project?

- Self Referral
 Family member
 Friend/Neighbour
 Social Services
 Healthcare Professional
 Voluntary Organisation
 Read about The Project
 Other _____

Signature:

Date (when membership begins):

The annual membership fee is £20

- Payment by cheque:** Cheques to be made payable to **The Furzedown Project**
 Payment by card: Pay by card at reception (*we cannot currently take online payments*)
 Additional Donation £ _____
 I am eligible for **GiftAid**, please send me a form

Please return this completed form and payment to: **91-93 Moyser Road, London SW16 6SJ**

Thank you. We look forward to welcoming you to The Furzedown Project

DATA PROTECTION: Your personal details are incredibly important to us, and we promise to only use them to get in touch with you in the ways you prefer. We will never sell or swap your data and while, with your permission, The Furzedown Project may contact you from time-to-time to thank you and let you know about our news, we will always do so with care and consideration.

Receipt number