


Membership Application Form			
Document No.	FORM-005	Revision	

Full Name:.....

Address:.....

.....Post Code.....

Tel:..... Email.....

Please let us know if you need help to complete this form. Also tell us about any support needs you have to enable you to take part in our activities, for example, receiving information in large print.

RETURN your completed application form to;
 Liz Syred
 Membership Secretary – Elsie Normington Foundation
 69 Newton Park
 Kirkhill, Inverness
 IV5 7QB
 Tel: 07925145496 Email: lizsyred@btinternet.com

DATA PROTECTION

General Data Protection Regulation (GDPR) – Please tick the box below to indicate you give consent for us to keep your data, having received and read our privacy notice indicating how we use your data and keep it safe. You are free to withdraw this consent at any time by contacting us.

I wish to apply for membership of the Elsie Normington Foundation SCIO:

Signed.....

Date.....

My interest in applying is:

I have a family member with a learning disability My work/volunteering

General interest in supporting ENF Other

FOR OFFICE USE:

Membership No:..... Date Processed.....