



Share And Repair Stonehouse CIC



Membership Application Form

Full Name _____

Address _____

Post Code _____

Phone (Home): _____

Phone (Mobile): _____

Email: _____

Emergency Contact

Full Name _____

Phone Number _____

Relationship _____

Health:

Do you have any on-going health issues that you feel the organisation should be aware of? Y/N

If Yes, please give details:

Skills:

Days Available :

Disclaimer

Do you give permission to be photographed and for any photo to be used for publicity purposes? Y / N

Do you give consent for your personal details to be kept on the S & R computer? Y / N

Members Signature _____

Date _____

Secretary's Signature _____

Date _____