

# Third Age Project Registration Form/Membership Form 2009/10

**Membership is valid from 1<sup>st</sup> April 2009 – 31<sup>st</sup> March 2010**

Surname	First Name
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Date of Birth	Age on 1 <sup>st</sup> April 2009
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Address	Post Code: <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>								

Tel No	Mobile No
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Emergency Contact Details: Name	Tel No
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HAVE YOU A DISABILITY	YES/NO
IF YES PLEASE STATE	
HAVE YOU A LONG TERM HEALTH CONDITION	YES/NO
IF YES PLEASE STATE	DIABETES                      YES/NO _____ _____
DO YOU HAVE A MOBILITY IMPAIRMENT	YES/NO
IF YES PLEASE STATE	I USE A WALKING STICK I AM A WHEELCHAIR USER I CAN'T USE PUBLIC TRANSPORT _____
ARE YOU A MEMBER OF A MOBILITY SCHEME	YES/NO
IF YES PLEASE STATE WHICH ONES	DIAL A RIDE      No. _____ TAXI CARD        No. _____ PLUSBUS            No. _____
HOW DID YOU HEAR ABOUT US?	REFERRAL PLEASE STATE _____
WHAT AREAS OF INTEREST OR CONCERN DO YOU HAVE?	
WOULD YOU LIKE TO GO ON THE MAILING LIST FOR SPECIAL EVENTS?	<b>If yes please see membership details</b>