

# Family/Individual Membership Form



New Application  Renewal

Please complete the following section with the details of the main contact for this application. This could be the person who is using the service (if over 16 and capable of making their own arrangements to use the service) or their parent or carer.

Parent/Carers Name:	
Date of Birth:	
Address: (including Postcode)	
Email Address:	
Daytime Phone No:	
Mobile Phone No:	

This will make you a Registered Member of The Play and Leisure Opportunity Library, which will give you the option of voting in our AGM, etc. as detailed in the Membership Guidelines. Should you wish to opt out, please tick the following box

## Service User:

If the person using the service is different from the above, e.g. the child of the above, please provide their details here.

Name:	
Date of Birth:	
Ethnicity:	White: <input type="checkbox"/> Mixed: <input type="checkbox"/> Asian/Asian British: <input type="checkbox"/> Black/Black British: <input type="checkbox"/> Other: _____

## Siblings:

Siblings of the Service User are also entitled to join (for an additional membership fee of £5 for all siblings in the family to join), please therefore detail any siblings below, who may wish to use this service.

Names and Dates of Birth:	
------------------------------	--

## Further Information:

Any medical concerns / allergies / diagnosis to be aware of when choosing equipment:

--

**Signed:**

**Date:**

**Membership Fee:**     £20                       £25 (Including Sibling fee)  
**Method of Payment:**  Cash                       Standing Order  
 Cheque (payable to 'The Play and Leisure Opportunity Library')

Please return this form along with appropriate payment to our registered charity address: The Play and Leisure Opportunity Library, 12 Mill Street, Gowerton, Swansea, SA4 3ED.

<i>Staff Use Only</i>	Referred by:	
-----------------------	--------------	--