

# Professional / Centre Membership Form



New Application     Renewal

Please complete the following section with the details of our main contact for this application. This would be yourself as a Professional, or the Centre Manager.

Centre Name: (if appropriate)	
Full Name:	
Address: (including Postcode)	
Email Address:	
Daytime Phone No:	
Mobile Phone No:	

This application 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

### Beneficiaries:

Please complete the following to provide information on those benefiting from the membership.

Number of persons:	
Age range:	

Ethnicity:            White: \_\_\_\_\_            Mixed: \_\_\_\_\_            Asian/Asian British: \_\_\_\_\_  
                           Black/Black British: \_\_\_\_\_            Other: \_\_\_\_\_

Please also provide an indication of the range of diagnoses / conditions of those benefiting:

**Signed:**

**Date:**

**Membership Fee:**     £30 (Professional)             £60 (Centre)

**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.