

# Family Membership Form



Membership No: F \_\_\_\_\_

## Members Details

First Name of Child \_\_\_\_\_ Surname of Child \_\_\_\_\_

D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ If any, how many siblings also have a disability? \_\_\_\_\_

## Contact Details

Parent / Carer Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Email \_\_\_\_\_

## Support Needs

Child's Disability / Additional Needs \_\_\_\_\_

Category:  Physical Disability  Learning Disability  Sensory Impairment  
 Health  Communication  Social / Behaviour  Other

## Declarations

I have read the attached terms and conditions and agree to adhere to them  Yes  No

Pathways 4 All take your privacy seriously and will only use your personal data for our internal membership records. We will not share your details with any other organisation. Please tick to consent to us securely using and storing your information in line with our Data Protection Policy and Privacy Notice.

From time to time we would like to contact you about our charity. If you consent to us contacting you for this purpose please tick to say how you would like us to contact you:  Post  Email  Telephone

Pathways 4 All would like to take photographs/short videos for the following purposes: printed/online promotional materials, media relations, website, social media. Photographs are securely stored in line with our Photography Policy and Data Protection Policy.

I consent to photographs on behalf of my child(ren) – Name(s): \_\_\_\_\_

I consent to photographs on behalf of myself – Name: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only	Membership Paid		Database	
	Card Given		Email Group	

