

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	

