

**MEMBERSHIP APPLICATION**

**THE FRIENDSHIP CABIN MEMBER PROFILE**

**Title (Mr Mrs Ms )**

**First Name:**

**Last Name:**

**Known As:**

**Gender:**

**Date of Birth:**

**START DATE:**

**CONTACT INFORMATION**

**Phone (home):**

**Phone (mobile):**

**Email:**

**Marital Status:**

**Spouse / next of Kin:**

**Emergency Contact:**

**Residential Address –**

**Smoker:**

**Hobbies and Interests:**

**Dietary Requirements:**

**Additional information / concerns need to know (Diabetes/stroke/ Dementia etc) (Please use as much space as you might need to fill in necessary details)**

**No medication is monitored by any volunteer. Members who take any medication advised by their doctor is at their own risk while attending The Friendship Cabin.**

Tick here if you have no objection to **The Friendship Cabin** holding your personal information. We guarantee that it will not be passed to a third party.

Photographs are taken at all sessions for our records and to share on social media, newspaper etc.

If any member leaves The Friendship Cabin their details will be stored for a month and then destroyed.

**Client’s Signature:**

**Date:**

**THE BOARD, AT ITS DISCRETION, MAY REFUSE TO ADMIT ANY PERSON TO MEMBERSHIP.**

**THE BOARD MUST NOTIFY EACH APPLICANT PROMPTLY (IN WRITING OR BY E-MAIL) OF ITS DECISION ON WHETHER OR NOT TO ADMIT TO MEMBERSHIP.**

**Approved by ……………………………………Date…………………**