

CP House

Otterspool Way

Watford

WD25 8HR

Freephone 0800 043 1935

**Membership Application Form**

**Personal Details**

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| --- | --- | --- | --- |
| Mr/Mrs/Miss/Dr/Rev | First name: | | Surname: |
| Address: | | | |
|  | | | |
|  | | | |
| Telephone: | | | |
| Email: | | | |
| Date of Birth: | | | |
| Have you had polio? Yes/No | | If yes, please state year: | |
| Next of Kin: | | Next of Kin Telephone: | |

**Membership Details**

I would like to become a member of the British Polio Fellowship

I would also like join my local Branch or Group □ ……………………

I would like to receive a hard copy of the bulletin\* □

\*Please note we will email a digital copy by default

Please call on Freephone 0800 043 1935 to find your nearest Branch or Group

How can we contact you with information about the fellowship?

Phone □ Email □ Post □

Payment Details – Annual Membership Fee - £30 Individual/£45 Family

□ I enclose a cheque for £30/£45 payable to British Polio Fellowship OR

□ Visa □ Mastercard □ Maestro □ Other………………….

Cardholders Name…………………………………………………………

Card Number……………………………………………………………….

Valid From ….. …… / ….. …… Expiry Date…… ……. /…… …….

(We will telephone you to request the 3 digits on the back of the card to process your payment.)

**DATA PROTECTION INFORMATION**

**British Polio Fellowship will process your information (whether provided by you or by a third party) for the purposes of administering your membership application and any other requests you may make to us. Processing may include disclosure of your information to third parties such as the Court, legal expenses insurers and legal advisers and others. By making this application and signing below you confirm that you consent to such processing.**

**Signature………………………………………Date………………………..**