



## MEMBERSHIP APPLICATION FORM

Type:            **New Member**                **Renewal**                **Membership No.....**

**First name:**    .....            **Surname:**    .....

**Address:**        .....  
.....  
.....

**Date of Birth:**    .....

**Postcode:**        .....

**Email**                .....            **Mobile phone:**    .....

**Home phone:**    .....

**Your interests:**    .....            **Your preferred activities:**    .....

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**Signature:**        .....

**For all appropriate members, and those under 18 years:**

**Parent/Guardian Name**    .....

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**Signature**            .....

**By signing this document, I accept the terms of the Membership Policy and Constitution of The Bath Mencap Society.**

When complete, please email this form to [secretary@bathmencap.org.uk](mailto:secretary@bathmencap.org.uk) or post to 8 First Avenue, Bath, BA2 3NW.

Payment can be made directly to The Bath Mencap Society, in cash, by cheque, or by bank transfer/faster payments to: Account No: 04338095 Sort Code: 30-90-54 The Bath Mencap Society.