



# FAMILY MEMBERSHIP FORM

## 1 JULY 2017 - 30 JUNE 2018

FAMILY SURNAME:

PARENTS' NAMES:

HOME ADDRESS:

POSTCODE:

PHONE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

NAMES /AGES OF CHILDREN:

CHILD 1

AGE

CHILD 2

AGE

CHILD 3

AGE

CHILD 4

AGE

**DISABILITY INFORMATION**  
**(PLEASE STATE DISABILITY BY TICKING CONDITION)**

CHILD'S NAME & AGE:

DISABILITY:

**EVIDENCE TO SUPPORT MEMBERSHIP:**

PLEASE TICK WHERE APPLICABLE :

EDUCATION HEALTH AND CARE PLAN

ACCESSING SOCIAL CARE SERVICES

RECEIPT OF DLA

**ADDITIONAL INFORMATION:**

**MEMBER'S ETHNICITY (TO BE USED ONLY FOR FUNDRAISING STATISTICAL PURPOSES)**

AFRICAN      INDIAN      CARIBBEAN      WHITE BRITISH      CHINESE      PAKISTANI

WHITE AND BLACK AFRICAN      WHITE AND BLACK CARIBBEAN      WHITE AND ASIAN

GYPSY/ROMA      ANY OTHER MIXED BACKGROUND      ANY OTHER ETHNIC GROUP

NAME:	<b>DISCLAIMER:</b> (To be completed by parent/carer/guardian) I agree for this information to be stored on Families United's database. <b>I have no objections to/do not allow photographs of my child/children being in our newsletter or any other publicity item.</b> The information you have provided will remain confidential and not shared with any other provider.
SIGNATURE:	
DATE:	

**FOR OFFICE USE ONLY**

MEMBERSHIP NUMBER	
ADDITIONAL COMMENTS:	

PLEASE COMPLETE AND RETURN THIS FORM TO:

FAMILIES UNITED, 4 TOWN GREEN, HIGHER WHITLEY, WA4 4QQ  
CHESHIRE

OR SCAN AND EMAIL TO: [familiesutd@yahoo.com](mailto:familiesutd@yahoo.com)