

# Sussex MS Centre

## Membership Application Form



Title	
First Name	
Surname	
Date of Birth	
Address	
Postcode	
Home Phone	
Mobile Phone	
Email	
Emergency Contact (Next of kin)	Name:  Number:
Relationship to you	
Year of MS Diagnosis	
GP Surgery address	

Are you a wheelchair/scooter user? **Yes/No**

Do you use a walker/rollater? **Yes/No**

**NB:** You may need to have a Personal Emergency Evacuation Plan (PEEP) discussed with staff before you begin to use our services.

**The information that you have provided is held confidentially on our database and stored securely in accordance with General Data Protection Regulations (2018), our Privacy Statement, and our Data Protection Policy. We never share your information with third parties.**

We would like to send you newsletters and other information about our own services by email or (if you do not have email) by post. If you agree to being contacted in this way, please tick the relevant boxes.

We need your permission to text (SMS) message to let you receive reminders and cancellations from our automated system for any therapies you attend at the Centre.

Email ☐      Text (SMS) Message ☐

**We will call you on your phone or mobile if we need to book, check, change or cancel an appointment with you.**

From time to time, we take photographs of members and activities for use in social media, our website, our newsletter 'The Belle', general publicity, bids, and fundraising material. Please indicate if you are happy to consent to photographs of you being used:

Yes ☐      No ☐

Our joining fee is £20.00. Annual Membership subscription is £20.00 and is due each January.

### Member Declaration

I understand that membership of the Centre is a self-referral process, and it is my responsibility to consult with my GP regarding my suitability to receive any of the therapies, treatments and classes offered at the Sussex MS Centre.

**I agree that if Sussex MS Centre is dissolved whilst I am a member or within 12 months of being a member, I will pay up to £1 for debts and liabilities of the charity incurred during my membership.**

**Member Signature**

**Date**



**For office use:**

Board Approval Date:	
Added to Database (Staff/Vol to initial and date)	