



H.I.P MEMBERSHIP FORM

Name:	
Address:	
Home Telephone Number:	
Mobile Number:	
Email address:	

PREFERRED METHOD OF CONTACT:			
Email <input type="checkbox"/>	Post <input type="checkbox"/>	Telephone <input type="checkbox"/>	Text <input type="checkbox"/>

EMERGENCY CONTACT DETAILS:	
Name:	
Telephone Number:	
Next of Kin <input type="checkbox"/>	Friend <input type="checkbox"/>
Carer <input type="checkbox"/>	

By signing this form you agree to the information you supply being kept by Head Injured People in Cheshire in accordance with the Data Protection Act/GDPR. It will be used for the purposes of maintaining a members' register, providing members with information about our activities, services, and future events. None of your information will be shared with any third party. You have a right to access your information. Please let us know if your details change.

Print Name:	Signature	Date

I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity, or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Print Name:	Signature	Date

Return to: HIP Membership, Acorn Suite 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ Tel: 01244 650522