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| **logo4.bmp****The Pepper Pot Centre****MEMBERSHIP FORM** | **The Pepper Pot Centre****1a Thorpe Close****Ladbroke Grove****London W10 5XL****Tel: 020 8968 6940****Fax: 020 8968 3169****www.pepperpotcentre.org.uk**

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| **Membership No:** |  |

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| **SURNAME:** |  | **FIRST NAME:** |  |
| **ADDRESS:** | **Postcode:** |
| **HOME TELEPHONE NUMBER:** |  | **MOBILE TELEPHONE NUMBER:** |  |
| **EMAIL ADDRESS:** |  | **DATE OF BIRTH:** |  |

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| **DO YOU HAVE ANY MEDICAL CONDITIONS?** ***(IF YES, PLEASE GIVE DETAILS BELOW)*** |
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| **NEXT OF KIN *(PLEASE PROVIDE THE NAME & CONTACT NUMBER INCASE OF AN EMERGENCY)*** |
| **NAME:** |  | **TELEPHONE NUMBER:** |  |

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| **PLEASE GIVE DETAILS OF YOUR SKILLS, EXPERIENCE, QUALIFICATIONS AND HOBBIES.** |
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| **WHAT TYPE OF ACTIVITIES WOULD YOU LIKE TO DO AT THE PEPPER POT CENTRE?** |
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| **MEDIA DECLARATION** |
| **The Pepper Pot Centre and associated partners may document events by the use of film and photography. All footage captured during these events may be used for the promotion of The Pepper Pot Centre’s programmes, projects & activities that we offer. The Footage and photography captured will not be broadcasted or distributed through any commercial operation. Names and other personal information gathered will remain confidential.****□ I give permission to be filmed and photographed** |

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| **PERSONAL PROPERTY** |
| **I understand that The Pepper Pot Centre and associated partners accept no responsibility for the loss or theft of my personal property (to include mobile phones and electronic devices).** |

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| **□ I acknowledge that I have read and agree with all the points made in this consent form.****□ I enclose the annual membership fee of £15.00****Signed:**  **Date: a** **PRINT NAME: a** |

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| Please return membership form and annual membership fee to**:****THE PEPPER POT CENTRE, 1A THORPE CLOSE, LADBROKE GROVE, LONDON, W10 5XL** |

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| **FOR OFFICE USE ONLY** |
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