

Membership - New

Membership No. _____

Title	Mr/Mrs/Miss/Ms/other		
Full Name			
Address			
Post Code			
Home phone no.		Mobile No.	
Email address			
Age group	A) under 19 <input type="checkbox"/> B) 19-39 <input type="checkbox"/> C) 40-59 <input type="checkbox"/> D) 60-69 <input type="checkbox"/> E) 70 or over <input type="checkbox"/>		
Where did you hear about us?			

I wish to apply for membership of Leamington Spa Shopmobility scheme. I confirm that I have read and agree to the Terms and Conditions of Membership.	
<input type="checkbox"/> Yearly - non-voting £20 [SY]	<input type="checkbox"/> Yearly - voting (Full) £20 [F]
<input type="checkbox"/> Day Member £5 [SD]	<input type="checkbox"/> Long-Term Hire [LT]
Customer's Signature	
Date	

<i>Staff to complete:</i>	
<i>1st piece of ID</i>	
<i>2nd piece of ID</i>	
<i>Full membership form completed</i>	Yes / No <i>(delete as appropriate)</i>

Form MN v7.1 – Nov 2018

Shopmobility Unit

Level 4, Royal Priors Car Park
Park Street, Leamington Spa
Warwickshire CV32 4XT

Contact us:

01926 470 450
admin@leamingtonshopmobility.org.uk
www.leamingtonshopmobility.org.uk