

**HUBB Support Group MEMBERSHIP FORM A**

PLEASE COMPLETE THIS FORM AND RETURN to

***Secretary at [djwbset@ntlworld.com](mailto:djwbset@ntlworld.com) or post to c/o 82 Shepherds Hill, Harold Wood Romford RM3 0NJ, or hand to a HUBB Trustee at a HUBB meeting.***

**All may attend HUBB Monthly Meetings for £2 donation, but Membership also entitles you to receive the HUBB Newsletter.**

This Form complies with UK Data Protection legislation. The personal information is held by the HUBB Secretary in confidence, & may only be obtained or shared with the Member's consent. Anonymous data eg Average ages, may be collated for funding purposes.

Questions marked \* are optional.

Your Full Name:.....

Address:.....

.....Postcode...

TelephoneNo.:07951445233.....Email.....

Which is your Age group?      18-30       31-45       46-60       Over 60

How do you describe your Gender?..... Your Nationality?.....

Will you be attending HUBB Meetings ?    YES  NO  IF POSSIBLE

Do you have a Disability?    YES  NO  Does this cause you Physical problems? YES  NO

Mental Health problems?    YES  NO  Are you a Carer for a HUBB member? YES  NO

\*Your Date of Birth?.....\*Your Religion if any?.....

\*Are you Married?                       \*Single ?                       \* Other?

Would you like to be involved in HUBB's Committee work? Yes  No

*(If YES, we will send you some ideas to discuss with us)*

Known Allergies: (food).....(To help us plan our Meeting Buffets)

Signed:..... Date :... Received by.....