

Carers Christian Fellowship: membership form

Please fill in this form if you wish to **join** Carers Christian Fellowship or if you wish to **continue** your membership. We also welcome past Carers and Friends of Carers

PLEASE COMPLETE IN BLOCK CAPITALS:

Title..... Forename..... Surname.....

Home address.....

.....

.....Postcode

Telephone.....

Mobile.....

Email.....

I enclose my annual subscription of £12 (waged) or £6 (unwaged) as a postal order / cheque made payable to 'Carers Christian Fellowship' (delete as appropriate)

I would like to pay my subscription by standing order.

kindly send me a form...../ this is already in place.....

The illness or disability of the one I care for is:

.....

My relationship to the one I care for is:.....

I care for this person part-time / full-time (underline as appropriate)

Would you like to consider joining the Management Committee? YES / NO

For further information please telephone /email the chairman

Mrs Pamela Bird Tel: 01509 218082 /Email: pam.bird68@hotmail.com

...ooo000ooo...

Please return this form and your subscription (as appropriate) to – Mrs Pamela Bird

Membership Officer, 8 Buckingham Drive, LOUGHBOROUGH, Leics, LE11 4TE