



Application for Membership and Record of Personal Details

About You

All your personal details will be held by the Foundation in the strictest confidence

Name(s) Surname

Address Postcode

..... Date of Birth/...../.....

Telephone Number..... Mobile Number.....

Please contact me by email for club announcements

Email Yes / No

Emergency Contact

In the event of an emergency affecting me, please contact:

Name Relationship to you.....

Telephone Number..... Mobile Number.....

Do you agree to permit Manx Stroke Foundation to retain your details both on a paper basis and on a computer? YES/NO

Signature*

Date

*A Carer or close relative may sign on your behalf if you have difficulties with your signature

Name if signing on behalf of the applicant

Once completed, the membership form and membership fee (if applicable) should be sent to:

The Manx Stroke Foundation
69 Cannan Avenue,
Kirk Michael,
Isle of Man,
IM6 1HG

Tel: (07624) 499109

So that our records are kept up to date, please make sure you inform us if any of the above details change