



## Application for Membership and Record of Personal Details

### About You

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

First Name(s) ..... Surname .....

Address ..... Postcode .....

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

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

Please contact me by email for club announcements

Email ..... Yes / No

### Medical Details

Your doctor ..... Practice.....

Telephone Number .....

Are there any significant health-related factors that we need to be aware of during your Stroke Club activities e.g. stroke-related swallowing difficulties or problems with moving about?

### Emergency Contact

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

Name ..... Relationship to you.....

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

I consent to The Manx Stroke Foundation holding my personal details, which I understand will be kept in the strictest confidence.

Signature\*

Date

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

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 (your address, medical details, emergency contact etc.)