



APPLICATION FOR AFFILIATED MEMBERSHIP

Group or Organisation:

Position of Applicant:

Address:

.....

.....

Telephone No:

Mobile No:

Email address:

Preferred communication method:

Email / Telephone / Mobile / Post

(please circle)

I am authorised to act on behalf of the group or organisation above. We would like our group/organisation to become an **Affiliated Member** of Herefordshire Carers Support. I understand that if we are accepted as a member, our details will be held securely and will not be passed to any third party without our express permission.

We accept that our liability as a member is limited to a sum not exceeding £10, being the amount that we undertake to contribute to any debits and liabilities incurred if HCS is wound up while we are a member or within one year after we cease to be a member.

Signature:

Date: