



APPLICATION FOR FULL MEMBERSHIP

Forename(s):

Surname:

Address:

Telephone No:

Mobile No:

Email address:

Preferred communication method:

Email / Telephone / Mobile / Post
(please circle)

I am a Carer living in Herefordshire and I would like to become a **Full Member** of Herefordshire Carers Support. I understand that if I am accepted as a member, my details will be held securely and will not be passed to any third party without my express permission.

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

Signature:

Date: