

# Membership Form



Members are able to attend and vote at our Annual General Meetings and put themselves forward for nomination as a trustee. **Members must be aged 18 or over.**

Please return this form to: IPOP, Salisbury Rd, High Barnet, Herts, EN5 4JP.

Type of membership:

|              |                          |   |
|--------------|--------------------------|---|
| Individual   | <input type="checkbox"/> | (one person membership)                       |
| Family       | <input type="checkbox"/> | (members of the same household)               |
| Organisation | <input type="checkbox"/> | (representation on behalf of an organisation) |

Your name and contact details:

|                            |               |              |
|----------------------------|---------------|--------------|
| Title.....                 | Forename..... | Surname..... |
| Address.....               |               |              |
| .....Postcode.....         |               |              |
| Email address .....        |               |              |
| Home telephone number..... |               | Mobile ..... |

Family membership:

|   |              |
|---|--------------|
| If you have selected family membership you may include other individuals ( <u>over 18 years of age</u> ) that live in your household to become members too. Please list your relationship to each individual: |              |
| Name  | Relationship |
| .....   | .....        |
| .....   | .....        |
| .....   | .....        |

Declaration:

|  |            |
|--|------------|
| I/We hereby promise to act in accordance with IPOP's governing documents and for the furtherance of the charity's objectives. I/We understand that IPOP will treat all information on this form as strictly private and confidential and in accordance with the Data Protection Act 1998. I/We have read and agree to the membership policy. |            |
| Signed .....   | Date ..... |