

Membership Application Form

Please fill in details below in **CAPITAL LETTERS** and use black ink:

1. Applicant Details:

Title (Mr/Mrs/Miss):		Date of birth: (DD/MMM/YYYY)	
First name:		Phone Number:	
Last name:		Mobile Number:	
Address:		Email Address:	
		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Postcode:		Borough:	
Ethnicity	<input type="checkbox"/> African/ Caribbean <input type="checkbox"/> Asian <input type="checkbox"/> British/Irish <input type="checkbox"/> Chinese <input type="checkbox"/> European <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other_____		

2. Membership Type:

Type of Membership: Individual Membership (£5) Family Membership (£10)

3. Additional Family Members' Details:

Full Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Applicant declaration:

I declare that the details given on this form are true to the best of my knowledge. I am 18 years or above. False or misleading information will forfeit right to membership.

Applicant's Signature:		Date:	
------------------------	--	-------	--

5. For office staff:

Note: Full Membership - The applicant is a resident of the Borough of Haringey.

Associate Membership - The applicant is a resident outside the Borough of Haringey.

Full Membership Associate Membership

Method of Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque**	Date:	
Amount Paid:		ID Number:	
Membership Start Date:		Membership Expiry Date:	
Staff Signature:		Print name:	

** Please make cheques payable to **The Council of Asian People**.