

## Membership Application Form

Parents/Carers Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Borough \_\_\_\_\_

Home Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email \_\_\_\_\_

**I define my ethnic origin as: (Please tick)**

White British	White & Black Caribbean	Any Other Black Background
White Irish	White & Black African	Indian
Any Other White Background	White & Asian	Pakistani
Traveller of Irish Heritage	Any Other Mixed Background	Bangladeshi
Romany	African	Chinese
Gypsy / Roma	Caribbean	Any Other Asian Background
Other (please specify) _____		

<u>Child's Full Name (under 18)</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Diagnosis / Additional Needs / Undergoing Diagnosis</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Adults 18 & Over on the Autistic Spectrum**

Name	Gender	Date of Birth	Diagnosis
_____	_____	_____	_____

### Declaration

I agree to abide by the rules of membership as may be issued time to time by the Management Committee of Sycamore Trust U.K.

**Personal Liability:** I agree to be solely responsible for and supervise my child/children at all activities deemed to be under **Parental Supervision** in accordance with such instructions that are issued by the Management Committee. This does not affect my statutory rights under Public Liability in the unlikely event of an accident occurring.

### Privacy Notice / Contact Methods

Sycamore Trust U.K. take your privacy seriously and will only use your personal information to activate your membership and to provide the products and services you have requested from us. However, from time to time we would like to contact you with details of our other activities including; newsletter, trips, family activities, family services and updates we provide. To receive our updates by email please tick the box below.

**I Agree to receive Sycamore Trust U.K. updates, information and events by email**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEMBERSHIP FEE:** £20.00 per annum      If paying by cheque: Cheque Number \_\_\_\_\_

**Office Use Only:** Date Received (Stamp): \_\_\_\_\_ Date Processed: \_\_\_\_\_

Membership No: \_\_\_\_\_ Exp Date: \_\_\_\_\_