

# NORTHALLERTON AND THE DALES MENCAP SOCIETY

## APPLICATION FOR MEMBERSHIP

I subscribe to the aims and objectives of the Mencap Society and I wish to become a Member of:  
**Northallerton and the Dales Mencap Society Local Society**  
**(all Local Society members will become members of the Royal Mencap Society free of charge as from 2008)**

Local Society membership fees are:

- **£2 minimum per Individual member**
- **£5 minimum per Group Home**
- **£5 minimum per Family membership (max.6 per family)**

Mr / Mrs / Miss      Surname \_\_\_\_\_ Forename \_\_\_\_\_

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Disabled dependent (if any): \_\_\_\_\_

Date of birth \_\_\_\_\_ Attends: Centre/School \_\_\_\_\_

Lives in the community at: \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ (Print name) \_\_\_\_\_

**(No receipt will be issued unless requested)**

**Completed Membership applications with payment should be returned to:**  
**The Secretary, Mencap Centre, Goosecroft Lane, Northallerton, DL6 1EG**  
**Tel: 01609 778894**

**Cheques to be made payable to:**  
**NORTHALLERTON AND THE DALES MENCAP SOCIETY**