

# WALWORTH GOLDEN OLDIES COMMUNITY CARE PROJECT

## MEMBERSHIP REGISTRATION FORM

Any information that you give us will be used solely for the purposes of Walworth Golden Oldies Community Care Project and will not be passed on to any third parties. Please return this form to Sandra Edie on [sandraedie@virginmedia.com](mailto:sandraedie@virginmedia.com) or visit our club at Walworth Methodist Church Hall, 54 Camberwell Road, London SE5 0EN

Name.....Date of Birth.....

Address.....

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Home Phone.....Mobile.....

Email address (if applicable) .....

Key Contact Name.....Relationship.....

Key contact number.....

Are you living alone?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a carer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you need a Home Help?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Doctor/Surgery Name.....Doctor/Surgery number.....

Any disabilities/medical concerns that we need to be made aware of.

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Any other information that we may find important to your care whilst you are with us at the club e.g.,  
Hobbies etc

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I HEREBY APPLY FOR MEMBERSHIP OF GOLDEN OLDIES COMMUNITY CARE PROJECT

Signature .....

REFERRED BY ..... TELEPHONE NO .....

Date ..... Fees Paid: YES/NO .....

Yearly Membership **£12.00**

Please pay for your Membership Fees into the following account or by cash at the centre.

Account name: Walworth Golden Oldies Community Care Project  
Account no: 35098112  
Sort code: 50-10-29

