

Membership Application *for year ending March 2024*

1 Title First Name Surname

House Name/No.

Address Line 1

Town

County Postcode

Telephone Number Email

If you are the **representative of an organisation** (e.g. Statutory Provider or Community Group) please state organisation and your position. (We may need to ask you for confirmation from your organisation that you are the authorised representative of this group. We will contact you if we need this confirmation.)

Please detail below your interest and/or involvement in the City of Southampton:

2 I apply for membership of the Charity and agree that, if admitted to membership, I will observe and be bound by its Memorandum & Articles of Association and will act in the best interest of the Charity.

Data Storage

By applying for membership, I give consent for Communicare in Southampton to hold my data, which will only be held and used for the purposes of the organisation and will not be passed on to third parties.

Membership Application Form Continued

Membership Fee

I have paid my £2.00 membership fee by	Cheque		BACS		Will pay cash in person	
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BACS: Southampton Mental Health Network CIO Acc No. 84080248, Sort Code 53-81-23 (NatWest). If possible, please name it with Member and your name or initials e.g. MemberAM

Cheques: Payable to Southampton Mental Health Network CIO. Drop to FAO Annie Clewlow, 6 Northlands Road, SO15 2LF

Signed		Date	
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Would you like to receive our weekly email newsletter?

If you don't already receive our newsletters and would like to please tick the box below. You will be able to unsubscribe at any point.

I would like to receive Southampton Mental Health Network newsletter by email. Please note we will still contact you about our AGM and any other matters relating to membership whether or not you sign up for our newsletters.

May we welcome you/your organisation to the network in our next newsletter (the Roundup, issued every Friday) by name?

Yes No

To ensure individuals and organisations are able to stay connected and to provide opportunities to work together, we may share your contact details with another member of the network if requested (ie an e-introduction or contact number).

Please tick here if you **do not** want us to share your contact details with another network member.

Please return this form by email: smhn@communicareinsouthampton.org.uk
Or post to: SMHN, c/o Communicare in Southampton, 6 Northlands Road, Southampton, SO15 2LF

Thank you for your support

Registered Charity (No. 1200515)