



For better
mental health

Portsmouth Mind Membership Application

Title:.....

Name:.....

Address:.....

.....

Postcode:..... Contact Tel No:.....

Email address:.....

(Can we use your email address to send you information & newsletters - YES/NO)

Fee enclosed (please tick) -

I am unwaged and enclose £1 (cheque/postal order or cash in person)

I am waged and enclosed £5 (cheque/postal order or cash in person)

Type of membership – see overleaf

FULL

ASSOCIATE

Portsmouth Mind will use the information recorded on this form to keep you advised of our activities. The data will be stored securely and access will be limited to those responsible for keeping you informed. We will not pass this data on to any other person(s) without your express consent. All data is subject to Data Protection legislation.

Please sign below to show acceptance of your data being used for this purpose.

Signature:..... Date:.....

PLEASE NOTIFY US ASAP IF YOU CHANGE YOUR ADDRESS

Portsmouth Mind membership is open to:

FULL MEMBERS:

- I. residents aged 18 years or over living in Portsmouth
- II. persons working in mental health and allied services, whether statutory or voluntary, operating within Portsmouth

Full Members shall have the right to vote at General Meetings and to stand for election to the Executive Committee

ASSOCIATE MEMBERS:

- I. persons living outside the area of benefit who support the objects of Portsmouth Mind
- II. members of staff for the time being of Portsmouth Mind

Associate Members shall not have the right to vote at General Meetings and to stand for election to the Executive Committee

A copy of the Memorandum of Association of Portsmouth Mind is available from the Portsmouth Mind Office, Tel: (023) 9282 7070.

Please return this form to:

Membership
Portsmouth Mind
Fratton Community Centre
Trafalgar Place
Portsmouth PO1 5JJ

Charity Number: 226727