

Registered Charity Number 1188213

Membership Application Form

IN CONFIDENCE

Thank you for your interest in membership of The Living Tree registered charity.

Personal details

Name:	
Address:	
Postcode:	
Home Phone:	Mobile Phone:
Email Address:	Date of Birth:

Emergency contact details

Name:	Home Phone:
Email Address:	Mobile Phone:

Do you have any additional needs such as health conditions, disabilities, mobility issues, allergies that we should be aware of? If yes, please give details.

How have you been affected by cancer?

Give details if you wish.

Patient ☐ Carer ☐ Other ☐

I support the aims and objectives of The Living Tree cancer support charity and agree to act in its best interests.

Signature:	Date
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We would like to be able to send you information about the services we offer and events at The Living Tree. All information provided to us in this application will be in strictest confidence in accordance with current data protection legislation. A copy of our Privacy Policy is available on our website. www.the-living-tree.org.uk

Please tick here if you are happy for us to stay in touch and send appropriate mailings.

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Are you happy for photographs to be taken at events and used in social media and publicity?

Yes ☐ No ☐

Please say how you heard about The Living Tree

Please give your completed form to a Living Tree Trustee or email it to mail@thelivingtree.org.uk

The Constitution gives the Trustees the ability to reject or cancel any membership application but any such action is subject to a right of appeal.