

Membership Registration Form

New Member 2024-25 2025-26
 Renewal



Your Membership Form can only be accepted if the **SQUARE** tick box is ticked, due to "personal data" regulations

PLEASE TICK BELOW

The Denby Dale Centre will need to hold/use personal identifying information to communicate with you and your emergency contact. At times the Denby Dale Centre collects photographic images during activities or on trips.

I give the Denby Dale Centre consent to **collect, hold and use** personal identifying information to undertake the activities of the charity

I understand that I can request to see any information held

I understand that the Denby Dale Centre will only pass information on to health professionals in the case of my ill health and in my best interest of care and wellbeing, and do NOT sell information

I give Denby Dale Centre consent to **take, hold and use** photographic identifying information to undertake the activities of its business including marketing purposes in print and online.

* The information you supply will be used by the Denby Dale Centre for administrative purposes within the terms of the Data Protection Act 1998.

* The Denby Dale Centre shall not sell your information to any external third party – see Privacy Notice www.ddc.org.uk/privacy-notice.

MEMBER		For Invoicing (if different)
Name		
Address		
Postcode		
Landline or Mobile		
Email		
Emergency Contact or Carer Name		Emergency Phone No
GP Surgery	Name	Address & Telephone
Please do let us know anything to help us look after you (eg oxygen user, guide dog user, dementia, partially sighted, etc):		

Please Tick One

My mobility is OK I walk with a stick/frame I transfer from my wheelchair I stay in my wheelchair I require extra assistance

Mobility/assistance level:

Membership Payment

Member	£15.00	£
Group Transport Member (for groups who hire minibuses)	£50.00	£
<i>I would like to make a donation of...</i>		£
GRAND TOTAL OWED		£

Cheques payable to: **The Denby Dale Centre**

BACs/Standing Order directly to: HSBC Huddersfield, A/c name **The Denby Dale Centre**, Sort 40-19-54, A/C 60005614

Direct Debit (requires an email address) or

Credit/Debit Card via invoicing

Signed:

Date:

Kirkburton Hub, 5a Riley Lane, Kirkburton, HD8 0RX
 01484 860077
hello@ddc.org.uk www.ddc.org.uk

Facebook @DDCprojects
 Twitter @TimeTogether1

Charity 1118128
 Company 5507412
 Registered in England, Ltd by guarantee



Member Diversity Report

To report how diverse our membership is to our funders or potential funders, we would be grateful if you could complete the following form. Thank you.

PART 1: Ethnicity

<input type="checkbox"/>	Black	Caribbean, African other.
<input type="checkbox"/>	White	White British, Irish, European, Other.
<input type="checkbox"/>	Mixed	White/Black-Caribbean, White/Asian, White/Black African, Other.
<input type="checkbox"/>	South Asian	Bangladeshi, Indian, Pakistani, Other.
<input type="checkbox"/>	SE Asia	Chinese, Philippino, etc
<input type="checkbox"/>	Other	Other ethnic groups
<input type="checkbox"/>	Prefer not to say	

PART 2: Disabilities

<input type="checkbox"/>	Learning Disability
<input type="checkbox"/>	Mental Health Disability
<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Sensory Disability
<input type="checkbox"/>	Other Disability
<input type="checkbox"/>	No Disability
<input type="checkbox"/>	Prefer not to say

PART 3: Age

<input type="checkbox"/>	Under 16
<input type="checkbox"/>	16-19
<input type="checkbox"/>	10-34
<input type="checkbox"/>	35-44
<input type="checkbox"/>	45-45
<input type="checkbox"/>	45-64
<input type="checkbox"/>	65-74
<input type="checkbox"/>	75-84
<input type="checkbox"/>	84-99
<input type="checkbox"/>	Over 100
<input type="checkbox"/>	Prefer not to say

PART 4: Belief

<input type="checkbox"/>	No Religion
<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	Christian
<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Other
<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	

PART 5: Sex

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Other
<input type="checkbox"/>	Prefer not to say

PART 6: Sexual Orientation

<input type="checkbox"/>	Heterosexual
<input type="checkbox"/>	Gay
<input type="checkbox"/>	Lesbian
<input type="checkbox"/>	Bi-Sexual
<input type="checkbox"/>	Asexual
<input type="checkbox"/>	Pansexual
<input type="checkbox"/>	Undecided
<input type="checkbox"/>	Prefer not to say

PART 7: Marital Status

<input type="checkbox"/>	Single
<input type="checkbox"/>	Married couple
<input type="checkbox"/>	Unmarried couple
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Prefer not to say

PART 8: Gender – is the gender you identify with the same as your sex registered at birth

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Company/Shared/Central-Forms/Membership-Forms/Membership-Form-2024

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