

INDIVIDUAL MEMBERSHIP INFORMATION

Full Name	
Address	
Postcode	
Email Address	
Phone Number	
Year of birth (info only)	
Signature	
Date	

What community activities are you interested in?

How would you like to be involved with VoEF?

Members meetings
 Events
 Representation
Consultations
 Projects
 Information

Preferred form of communication from Voice of Experience Forum

Email
 if you would prefer us to contact you via email, please ensure that your email address is completed above
Letter

I authorise Voice of Experience Forum to use my likeness in photographs/videos taken at events which I attend.

By signing this application for membership, I authorise Voice of Experience Forum to securely retain my details for use in their organisations' activities only.

Membership is FREE and your details are not passed onto any other groups or organisations.