MORLEY ELDERLY ACTION

Wesley House, 32 Wesley Street, Morley LS27 9ED

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MEMBERSHIP APPLICATION

Information provided in this application is for MEA use only. Please inform us in future of your details changing. Fill in both sides of the form.

PERSONAL DETAILS

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

SURNAME FIRST NAME(s)

PERMANENT ADDRESS: HOUSE NO STREET NAME

AREA CITY POSTCODE

HOME TELEPHONE MOBILE

DATE OF BIRTH ETHNICITY

RELIGION EMAIL

GP

GP NAME

MEDICAL CENTRE

AREA TELEPHONE NO.

EMERGENCY CONTACT

NAME RELATIONSHIP

TELEPHONE NO. MOBILE

Do you have a Carer? Yes ☐ No ☐

Is the person above your Carer? Yes ☐ No ☐

(if the person above is not your Carer, please state your carer's name and telephone number below)

NAME TELEPHONE NO.

ADDITIONAL INFORMATION

Do you live alone? Yes ☐ No ☐

Do you have any of the following?

Smoke Alarm ☐ Care - Ring Alarm ☐ Key Safe ☐

Please tick the appropriate box or leave blank if not applicable.

Sight: Good ☐ Have difficulty ☐ Sight Impaired ☐ Severely Sight Impaired ☐

Hearing: Good ☐ Have difficulty ☐ Wears Hearing Aid ☐ Cannot hear at all ☐

Mobility: Good ☐ Average ☐ Poor ☐

Memory: Good ☐ Some Memory Loss ☐ Confirmed Type of Dementia ☐

Are you diabetic? No ☐ Yes—Type 1 ☐ Yes—Type 2 ☐

Are you registered disabled? Yes ☐ No ☐

Do you consider yourself to have a disability? Yes ☐ No ☐

Please state any other medical conditions?.....

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Do you need any assistance with anything, could we help? If yes, please explain.....

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I agree with the aims of Morley Elderly Action and hereby apply to become a member of the organisation. I agree to comply with the rules and regulations of the organisation. A copy of the rules is available upon request. I consent for MEA to contact me via post, email and telephone. I confirm that the information that I have given is correct and can be used on my membership and emergency details card. I allow Morley Elderly Action to use the information I have provided for statistic uses only, and that my personal details will not be given out. I am aware that I can ask Morley Elderly Action, to produce the information they have about me within their organisation. Your information is kept confidential and in accordance to the General Data Protection Regulation (EU) (2017/2018)

Signed .....

Date .....

RECEPTIONIST ONLY

Signature .....

Single Membership £6 ☐ Joint Membership £8 ☐