

# Membership Registration Form

New Member

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 (and its internal projects) 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.

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 pass or sell your information to any external third parties.

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mobility/assistance level:

## Membership Payment

Member	£15.00	£
Group Transport Member	£50.00	£
<i>I would like to make a donation of...</i>		£
<b>GRAND TOTAL OWED</b>		<b>£</b>

Cheques payable to: **The Denby Dale Centre**  
 BACs directly to our bank account, address: HSBC Huddersfield, A/c name **The Denby Dale Centre**, Sort 40-19-54, A/C 60005614  
 Direct Debit or pay by credit/debit card available via invoicing, however require an email address

Signed:

Date:

Kirkburton Hub, 5a Riley Lane, Kirkburton, HD8 0RX  
 01484 860077  
[hello@ddc.org.uk](mailto:hello@ddc.org.uk) [www.ddc.org.uk](http://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   |

## 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            |

## 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"/> | Over 84  |

## 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       |

## PART 5: Sex

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

## PART6: 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          |

## 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

Kirkburton Hub, 5a Riley Lane, Kirkburton, HD8 0RX

01484 860077

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