**The Pitsea Activity Centre The Place**

**Northlands Pavement Pitsea, Essex**

**SS13 3DU**

**Tel:** 01268 205272 **Email:** pitseaactivitycentre@basildon.gov.uk

Membership Application Form

We advise all those interested in becoming members to visit the Pitsea Activity Centre ahead of joining. If you would like an accompanied tour of the facilities, please phone us to arrange a suitable date and time.

**When completed please return this application form to the Pitsea Activity Centre Members Committee Office in person and arrange payment of your membership fees. When payment has been made our staff will prepare your Membership Pack for collection.**

**Please Note:** It will be your responsibility as a member to advise our staff of any change to the information you supply on this application, such as: change of address, carer or doctor etc.

**Contact and personal details**

|  |  |
| --- | --- |
| Your full name: | Click here to enter your full name. |
| Address: | Click here to enter your address. |
| Gender: | Male | ☐ | Female | ☐ |
| Date of birth: | Click here to enter your date of birth. |
| Phone number: | Click here to enter your landline phone number. |
| Mobile phone number: | Click here to enter your mobile phone number. |
| Email address: | Click here to enter your email address. |

**Emergency (or carer’s) contact details**

|  |  |
| --- | --- |
| Emergency (or carer) contact name: | Click here to enter your emergency contact’s name. |
| Relationship: | Click here to enter the above named person’s relationship to you. |
| Phone number: | Click here to enter your emergency contact’s phone number. |
| Mobile number: | Click here to enter your emergency contact’s mobile number. |

**Member’s Doctor/Surgery details**

|  |  |
| --- | --- |
| Doctor’s name: | Click here to enter your doctor’s name. |
| Dr’s surgery name: | Click here to enter the name of your doctor’s surgery. |
| Dr’s surgery address: | Click here to enter address of your doctor’s surgery. |
| Doctors/Surgery phone no: | Click here to enter your doctor’s / surgery phone number. |
| Medical history: | Click here to enter information we should be aware of concerning your medical history. |

**Car parking requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is a car parking permit required? | Yes | ☐ | No | ☐ |
| Car registration: | Click here to enter your car registration. |

**How did you find out about becoming a member of The Pitsea Activity Centre?**

|  |  |  |
| --- | --- | --- |
| Recommended by a friend |  | ☐ |
| Recommended by a doctor or medical professional | ☐ |
| Advertising in Borough Diary (Council Newsletter) | ☐ |
| Found us by other means (please state how) | Click here to let us know how you found us. |

Please see the Privacy Notice in your Membership Pack for Data Protection Regulations information. You can view Basildon Council’s privacy policy at [www.basildon.gov.uk/privacy](http://www.basildon.gov.uk/privacy)