



BLACKPOOL

Grumpy Blackpool, Unit 5, 20 Clifton Road, Blackpool, FY4 4QA
Tel 01253 767251 Fax 01253 767285 Email blackpool@grumpy.org.uk

Annual Membership Application Form

Individuals are entitled to one card only. Organisations automatically receive two cards (one primary and one secondary) for the basic membership fee with the option of purchasing additional cards at £2 each.

Section 1

1a. Membership Category (please tick)

Individual	<input type="checkbox"/>	£15	(1 Card)	
Individual Student (concession)	<input type="checkbox"/>	£ 8	(1 Card)	*concessions are subject to proof of registration
Individual Childminder (concession)	<input type="checkbox"/>	£10	(1 Card)	
Voluntary Organisation	<input type="checkbox"/>	£18	(2 Cards)	
Non-Voluntary Organisation	<input type="checkbox"/>	£28	(2 Cards)	

1b. Tick one box that best describes your primary involvement with or work on behalf of children/young people.

Arts & Culture	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Community Development	<input type="checkbox"/>
Education	<input type="checkbox"/>	Employment	<input type="checkbox"/>	Environmental	<input type="checkbox"/>
Health Care/Promotion	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Parenting	<input type="checkbox"/>
Playwork	<input type="checkbox"/>	Recreation & Leisure	<input type="checkbox"/>	Religion	<input type="checkbox"/>
Social Work	<input type="checkbox"/>	Youth Work	<input type="checkbox"/>	Other (please specify)	

.....

1c. Tick one box to specify the area where your activities with children/young people take place.

Your Postcode.....

Locality

Alexandra	<input type="checkbox"/>	Brunswick	<input type="checkbox"/>
Claremont	<input type="checkbox"/>	Clifton	<input type="checkbox"/>
Foxhall	<input type="checkbox"/>	Grange Park	<input type="checkbox"/>
Hawes Side	<input type="checkbox"/>	Layton	<input type="checkbox"/>
Marton	<input type="checkbox"/>	Mereside	<input type="checkbox"/>
Park	<input type="checkbox"/>	Queenstown	<input type="checkbox"/>
Revoe	<input type="checkbox"/>	South Shore	<input type="checkbox"/>
Talbot	<input type="checkbox"/>	Tyldsley	<input type="checkbox"/>
Victoria	<input type="checkbox"/>	Waterloo	<input type="checkbox"/>

Other (please specify)

Section 2

Equal Opportunities

5. Gender

Male Female

6. Disability

Are you a registered disabled?
Yes No

7. Ethnicity

White Black (African) Bangladeshi

Indian Black (Carribbean) Pakistani

Chinese Black (Other) Other

**Section 3
Individual/Primary Cardholder Details**

¹ Title (e.g. Mr/Mrs/Miss/Dr etc...) **PLEASE PRINT CLEARLY**

² First Name

³ Last Name

Signed (Individual/Primary Cardholder)

⁴ Organisation Name (where applicable)

⁵ Building Name (e.g. Progress House)

⁶ Building No. + Street Name (e.g. 2 Anywhere St)

⁷ Locality Name (e.g. Marton)

⁸ Post Town (e.g. Blackpool)

⁹ Post Code /

¹⁰ Phone

¹¹ Fax

¹² Email

¹³ Website

**Section 4
Secondary Cardholder Details
(ORGANISATIONS ONLY)**

Please identify a secondary cardholder from within your organisation (continue on the Additional Cardholders form/s if you require more secondary cardholders)

PLEASE PRINT CLEARLY

¹ Title (e.g. Mr/Mrs/Miss/Dr etc...)

² First Name

³ Last Name

⁴ Organisation Name (where applicable)

⁵ Building Name (e.g. Progress House)

⁶ Building No. + Street Name (e.g. 2 Anywhere St)

⁷ Locality Name (e.g. Marton)

⁸ Post Town (e.g. Blackpool)

⁹ Post Code /

¹⁰ Phone

¹¹ Fax

¹² Email

¹³ Website

Grumpy is registered under the Data Protection Act 1998. Please tick the adjacent box if you do not want the information disclosed in this form to be passed on to any third parties.

Section 4 – Fee Attached

Membership Fee []

Additional Cards [] at £2 each = []

Total []

Please make cheques payable to: GMPRU

Date/...../.....

Office Use: Order/cheque/cash/card
Inv/Rec No.
Date Processed / /

Member ID No.
Card Issued / /



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ADDITIONAL CARDHOLDER APPLICATION FORM (£2 fee each)

IMPORTANT INFORMATION: THIS APPLICATION FORM MUST BE SIGNED BY THE PRIMARY CARDHOLDER.
SECONDARY & ADDITIONAL CARDS ARE ONLY VALID UNTIL THE ORGANISATION'S CURRENT MEMBERSHIP EXPIRES.
MARK POSTAL APPLICATION ATT: 'MEMBER SUBSCRIPTION' TO BLACKPOOL ADDRESS. PLEASE MAKE CHEQUES PAYABLE TO GMPRU

ADDITIONAL MEMBER'S DETAILS

PLEASE PRINT CLEARLY

¹ Title (e.g. Mr/Mrs/Miss/Dr etc...)

² First Name

³ Last Name

⁴ Organisation Name

⁵ Building Name (e.g. Minerva House)

⁶ Building No. + Street Name (e.g. 2 Anywhere St)

⁷ Locality Name (e.g. Swinton)

⁸ Post Town (e.g. Salford)

⁹ Post Code /

¹⁰ Phone

¹¹ Fax

¹² Email

Tick one box to specify the area where your activities with children/young people take place.

Your Postcode.....

Locality

- | | | | |
|-------------------|---|--------------------|--------------------------|
| Alexandra | <input type="checkbox"/> | Brunswick | <input type="checkbox"/> |
| Claremont | <input type="checkbox"/> | Clifton | <input type="checkbox"/> |
| Foxhall | <input type="checkbox"/> | Grange Park | <input type="checkbox"/> |
| Hawes Side | <input type="checkbox"/> | Layton | <input type="checkbox"/> |
| Marton | <input type="checkbox"/> | Mereside | <input type="checkbox"/> |
| Park | <input type="checkbox"/> | Queenstown | <input type="checkbox"/> |
| Revoe | <input type="checkbox"/> | South Shore | <input type="checkbox"/> |
| Talbot | <input type="checkbox"/> | Tyldsley | <input type="checkbox"/> |
| Victoria | <input type="checkbox"/> | Waterloo | <input type="checkbox"/> |
| Other | <input type="checkbox"/> (please specify) | | |

Equal Opportunities

Gender Male Female

Disability : Are you a registered disabled? Yes No

Ethnicity

- | | | | | | |
|---------|--------------------------|--------------------|--------------------------|-------------|--------------------------|
| White | <input type="checkbox"/> | Black (African) | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Black (Carribbean) | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Black (Other) | <input type="checkbox"/> | Other | |

PRIMARY CARDHOLDER DETAILS

¹ Title (e.g. Mr/Mrs/Miss/Dr etc...)

² First Name

³ Last Name

MEMBERSHIP ID or ORGANISATION NAME

SIGNATURE OF PRIMARY CARDHOLDER

Office Use: Order/cheque/cash/card
Inv/Rec No.
Date Processed / /

Member ID No.
Card Issued / /