



MANCHESTER - SALFORD

▪ Grumpy Manchester, Vaughan St, West Gorton, Manchester M12 5DU
Tel 0161 223 9730 Fax 0161 220 9664 Email manchester@grumpy.org.uk
▪ Grumpy Salford, Unit 15/16 Orchard St Ind. Est., Alderson Street, Salford M6 6FL
Tel 0161 737 1644 Fax 0161 737 1374 Email salford@grumpy.org.uk

Annual Membership Application Form

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

Section 1

1a. Membership Category (please tick)

- NDC Residents Charlestown & Lower Kersal * £5 (1 Card)
- Individual £15 (1 Card)
- Individual Student * £8 (1 Card) *concessions are subject to proof of registration
- Individual Childminder * £10 (1 Card)
- Voluntary Organisation £18 (2 Cards)
- Non-Voluntary Organisation £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) <input type="checkbox"/> |
| | | |

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

Your Postcode.....

- | <u>Town</u> | <u>Locality</u> | | | | |
|---|--|--|---------------------------------------|---|--|
| Bolton <input type="checkbox"/> | Central Manchester | East Manchester | Harpurhey <input type="checkbox"/> | Chorlton <input type="checkbox"/> | |
| Bury <input type="checkbox"/> | Ardwick <input type="checkbox"/> | Beswick & Clayton <input type="checkbox"/> | Lightbowne <input type="checkbox"/> | Didsbury <input type="checkbox"/> | |
| Oldham <input type="checkbox"/> | Central <input type="checkbox"/> | Bradford <input type="checkbox"/> | Moston <input type="checkbox"/> | Northenden <input type="checkbox"/> | |
| Rochdale <input type="checkbox"/> | Fallowfield <input type="checkbox"/> | Gorton North <input type="checkbox"/> | Newton Heath <input type="checkbox"/> | Old Moat <input type="checkbox"/> | |
| Salford <input type="checkbox"/> | Hulme <input type="checkbox"/> | Gorton South <input type="checkbox"/> | South Manchester | Sharston <input type="checkbox"/> | |
| Stockport <input type="checkbox"/> | Levenshulme <input type="checkbox"/> | North Manchester | Baguley <input type="checkbox"/> | Withington <input type="checkbox"/> | |
| Tameside <input type="checkbox"/> | Longsight <input type="checkbox"/> | Blackley <input type="checkbox"/> | Barlow Moor <input type="checkbox"/> | Woodhouse Park <input type="checkbox"/> | |
| Trafford <input type="checkbox"/> | Moss Side <input type="checkbox"/> | Charlestown <input type="checkbox"/> | Benchill <input type="checkbox"/> | Other <input type="checkbox"/> | |
| Wigan <input type="checkbox"/> | Rusholme <input type="checkbox"/> | Cheetham <input type="checkbox"/> | Brooklands <input type="checkbox"/> | (please specify) | |
| | Whalley Range <input type="checkbox"/> | Crumpsall <input type="checkbox"/> | Burnage <input type="checkbox"/> | | |

Section 2

Equal Opportunities

- | | |
|---|---|
| 5. Gender | 7. Ethnicity |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | White <input type="checkbox"/> Black (African) <input type="checkbox"/> Bangladeshi <input type="checkbox"/> |
| 6. Disability | Indian <input type="checkbox"/> Black (Caribbean) <input type="checkbox"/> Pakistani <input type="checkbox"/> |
| Are you a registered disabled? | Chinese <input type="checkbox"/> Black (Other) <input type="checkbox"/> Other <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |

**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. Minerva House)

⁶ Building No. + Street Name (e.g. 4 Corner Street)

⁷ Locality Name (e.g. Swinton)

⁸ Post Town (e.g. Salford)

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. 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

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 SALFORD or MANCHESTER 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.....

Town	Locality	
Bolton <input type="checkbox"/>	Central Manchester	East Manchester
Bury <input type="checkbox"/>	Ardwick <input type="checkbox"/>	Beswick & Clayton <input type="checkbox"/>
Oldham <input type="checkbox"/>	Central <input type="checkbox"/>	Bradford <input type="checkbox"/>
Rochdale <input type="checkbox"/>	Hulme <input type="checkbox"/>	Gorton North <input type="checkbox"/>
Salford <input type="checkbox"/>	Fallowfield <input type="checkbox"/>	Gorton South <input type="checkbox"/>
Stockport <input type="checkbox"/>	Levenshulme <input type="checkbox"/>	South Manchester
Tameside <input type="checkbox"/>	Longsight <input type="checkbox"/>	Baguley <input type="checkbox"/>
Trafford <input type="checkbox"/>	Moss Side <input type="checkbox"/>	Barlow Moor <input type="checkbox"/>
Wigan <input type="checkbox"/>	Rusholme <input type="checkbox"/>	Benchill <input type="checkbox"/>
	Whalley Range <input type="checkbox"/>	Brooklands <input type="checkbox"/>
	North Manchester	Burnage <input type="checkbox"/>
	Blackley <input type="checkbox"/>	Chorlton <input type="checkbox"/>
	Charlestown <input type="checkbox"/>	Didsbury <input type="checkbox"/>
	Cheetham <input type="checkbox"/>	Northenden <input type="checkbox"/>
	Crumpsall <input type="checkbox"/>	Old Moat <input type="checkbox"/>
	Harpurhey <input type="checkbox"/>	Sharston <input type="checkbox"/>
	Lightbourne <input type="checkbox"/>	Withington <input type="checkbox"/>
	Moston <input type="checkbox"/>	Woodhouse Park <input type="checkbox"/>
	Newton Heath <input type="checkbox"/>	Other _____

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 / /