

Section 2

Equal Opportunities

5. Gender Male Female 7. Ethnicity White Black (African) Bangladeshi
 6. Disability Are you a registered disabled? Indian Black (Carribbean) Pakistani
 Yes No Chinese Black (Other) Other

Section 3 Individual/Primary Cardholder Details	Section 4 (ORGANISATIONS ONLY) Secondary Cardholder Details
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¹ Title (e.g. Mr/Mrs/Miss/Dr etc...) **PLEASE PRINT CLEARLY**

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

² First Name

² First Name

³ Last 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

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		at £2 each =	[]		[]
Additional Cards []					[]
		Total			[]

Office Use:
Payment Order / cheque / cash / card
 Membership No.....

 Invoice/Receipt No.....
 Renewal Print New Card

 Date Processed: / / 20

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

Please make cheques payable to: GMPRU



MANCHESTER - SALFORD

- Grumpy Manchester at the Angels, Endcott Close, Gorton, Manchester M18 8BR
Tel 0161 230 6953 Fax 0161 230 7560 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

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
GMDD11

ADDITIONAL MEMBER'S DETAILS

PLEASE PRINT CLEARLY

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

¹ Title (e.g. Mr/Mrs/Miss/Dr etc...)

Your Postcode.....

² First Name

- | | | |
|-------------------------------------------|----------------------------------------|--------------------------------------------|
| 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 _____ |

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

Equal Opportunities

¹¹ Fax

Gender Male Female
Disability : Are you a registered disabled? Yes No

¹² Email

Ethnicity
White Black (African) Bangladeshi
Indian Black (Carribbean) Pakistani
Chinese Black (Other) 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: Date Processed: / / 20
Payment Order / cheque / cash / card
 Membership No.....
 Invoice/Receipt No.....
 Renewal Print New Card