**Co-operative Care Colne Valley**

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| **Membership application form** |
| Personal Details |
| First/Given Name/s |  |
| Surname |  |
| Date of Birth |  |
| Address |  |
| Phone number |  |
| Email address |  |

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| Application information |
| Please tell us, in a few sentences, why you are interested in becoming a member of Co-operative Care Colne Valley. |
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| Please tell us, in a few sentences, how you would like to contribute to Co-operative Care Colne Valley’s aims, vision and development as a member. |
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| Please tell us, in a few sentences, about skills, experience and commitment you would like to make use of as a CCCV member. |
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| We would like to support everyone to become part of CCCV.If there is anything we need to consider (e.g. physical disability, caring responsibilities, other commitments) to make our cooperation work please tell us here - or speak to us at any point later. |
|  |
| All the information on this form is processed, stored, retained and destroyed in line with our Privacy Policy - <https://www.valleycare.coop/privacy-policy/> |
| Please return the filled form via email to secretary@valleycare.coop. |
| By signing this form, I confirm that* I have read, understood and agree to comply with the Code of Conduct;
* all the information I have given to CCCV is true and correct to my best knowledge;
* I am happy with CCCV to process this form in line with our Privacy Policy.
 |
| Sign |  |
| Print name |  |
| Date |  |

Thank you & we’re looking forward to co-operating together!