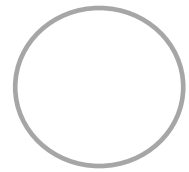




Village Support Network



MEMBERSHIP FORM

[Block Capitals Please]

Surname		Mr Mrs Ms Other
First Name		Preferred Name
Address Line		
Address Line		
Address Line		
Address Line		
Post Code		

Telephone	Mobile *	<i>*Optional Information</i>
Email Address *		
BirthDay *	Day Month	
Surgery or Health Centre *		

Special Interests *

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.....

Age Band *	Under 60		60 / 70	71 / 80	81 / 90	90 +	
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I give my permission for any photos of myself to be used for publicity by Forest Row Village Support Network in any media YES / NO

I understand that Forest Row Village Support Network provides only a venue for therapists and is not legally responsible for any aspect of any treatment I may receive.

Signed Date

Subscription £5 Cheques made payable to Forest Row Village Support Network

Forest Row Village Support Network
The Community Centre, Hartfield Road, Forest Row, RH18 5DZ
Tel: 07581 131822
Email: frvsn@yahoo.com