

# Remember Us Membership Form



## Cool Gang: Age 13 to 17 Years

Please PRINT all information on this form

<b>Member Name:</b>	<b>Gender:</b>
<b>Date of Birth:</b>	<b>Age:</b>
<b>Parent/Carer Name(s):</b>	
<b>Address (Please Include Eircode):</b>	
<b>Contact Number:</b>	<b>Mobile Number:</b>
<b>Email Address:</b>	

### Member Information

<b>Please state the Member's Special Need(s)</b>		
<b>Has the member ever been diagnosed with Epilepsy? (please circle)</b>	<b>Yes</b>	<b>No</b>
<b>Does the member attend any other social outlet? (please circle)</b> If yes, please give details:	<b>Yes</b>	<b>No</b>
<b>Does the member have any allergies? (please circle)</b> If yes, please give details:	<b>Yes</b>	<b>No</b>
<b>Is there any other information about the member that we should be aware of? For example, challenging behaviour, food/drinks not allowed etc. (please circle)</b> If yes, please give details:	<b>Yes</b>	<b>No</b>

Remember Us is an integrated social club and so we welcome member's siblings and friends to attend. Please provide the name(s) of any siblings or friends who are likely to attend on a regular basis with the above-named member:

Name	Date of Birth	Age

**Membership Fee Options:** Please tick preferred option and enclose payment with this form

<b>Option A</b>	<b>Option B</b>
Annual Fee €50 per Family	Annual Fee €50 per Family + Voluntary Contribution ( <u>ANY</u> amount is much appreciated)
<b>Total Amount Enclosed</b> € _____	

If you would like to become a Company Member of Remember Us, please contact the office on 086 045 7003 for Company Membership Form.

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_