



life's just begun

ACTIVITIES FOR  
PEOPLE OVER 50

FREE MEMBERSHIP

WWW.OPENAGE.ORG.UK

## MEMBERSHIP RENEWAL FORM 2019-2020

Please complete and return this form by post or hand to our Head Office:

Open Age, St Charles' Centre for Health & Wellbeing,

Exmoor Street, London, W10 6DZ T: 020 8962 4141

Charitable Incorporated Organisation No: 1160125

You can also hand the completed form to your tutor or staff at any of our other Open Age Centres, who will then provide you with your GREEN membership card for 2019/20.

To keep costs down, we are only able to post a new membership card to you if you send a Self-Addressed Envelope with this form. Thank you.

Please write in the spaces provided or tick/circle the answers which apply to you.

You don't need to answer every question if you don't want to. However, if you could, it will help us to tailor what we do to your individual situation. This information is kept PRIVATE & CONFIDENTIAL.

### Personal details (Please complete in BLOCK CAPITALS)

Title	Dr	Miss	Ms	Mrs	Mr	Other
First Name	Surname					
Gender	Male	Female	Other	Date of birth		
Address						
Postcode		Borough			Telephone	
Mobile			Email			

If your details in the sections below are the same as last year, or if you joined or already renewed between 1 January and 30 March 2019, please tick the box on the left and sign / date the back of this form to renew your membership. However, if your details have changed, please fill in the rest of this membership renewal form.

### Who should we contact in case of an emergency ?

Name:						
Home Number:				Mobile:		
Their relationship to you	Partner/Spouse	Friend	Neighbour	Relative		

### What is your religion or belief ?

No Religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other
-------------	-----------	----------	-------	--------	--------	------	-------

### What is your ethnic origin ?

ASIAN/ASIAN BRITISH	BLACK/BLACK BRITISH	MIXED	WHITE	OTHER
Bangladeshi	African	White & Asian	British	Arab
Indian	Caribbean	White & Black African	Irish	Filipino
Pakistani	Other Black background	White & Black Caribbean	Scottish	Iranian
Chinese			Welsh	Moroccan
Other Asian background		Other Mixed Background	Gypsy or Irish Traveller	Other Please specify
				Other White Background

### Health condition: Please tick or circle ONLY those answers which apply to you

None	Osteoarthritis	Rheumatoid Arthritis	
Fall in the last 12 Months	Mobility Issues	Asthma	
COPD	Hearing Impairment	Visual Impairment	
Osteoporosis	Osteopenia	Back trouble	
Neck Trouble	Heart Condition	Parkinson's Disease	
High Blood Pressure	Low Blood Pressure	Hip replacement	
Knee replacement	Shoulder replacement	Epilepsy	Neurological
Stroke	Dementia	Mental Ill Health	Diabetes
Migraine	Taking Medications	Dyslexia	Dyspraxia
Emotional Difficulties	Learning Difficulties	Behavioural Difficulties	REGISTERED DISABLED
Other...	If you have ticked MORE THAN ONE, which affects your ability the most?		

Physical Activity Readiness			
If you have ticked any of the disability or health information above, or you have had RECENT SURGERY please check with your GP that they approve of you attending your preferred classes. By signing this form, I confirm that I have revealed to the best of my knowledge, anything that may affect me during or as a result of exercise. <b>I confirm that my participation in any exercise session is entirely at my own risk.</b>			
Name of GP Surgery		Phone number	
Surgery address			

How did you first hear about us and our activities ?			
Friend / word of mouth		Referred by Social Services	
		Internet	
		Newspaper / newsletter	
Housing		Library	
		Referred by GP/ health services	
		Adult Community Learning Guide	
If other, please write here....			

Which benefits are you on ?			
Attendance Allowance		Housing Benefit	
Campden Charities Grant		Employment Support Allowance (ESA)	
Council Tax Reduction/Support		Income Support	
Personal Independence Payment		If other, please write here..	
		Job Seekers Allowance	
		Pension Credit	
		Universal Credit	
		None	

Who do you live with ?		Are you an unpaid carer ?	
With others		Yes	
By myself		No	

Employment : Are you ..			
Retired/a pensioner		Employed	
		Unemployed	
What were/are your previous or current occupation/s ?....			

What languages do you speak ?		Would you like to volunteer for Open Age?	
1 <sup>st</sup> Language		Yes	
Others		No	
		If so, in what way ?	

How do you travel to our activities ?			
Walk		Public transport	
		Taxi	
		Dial A Ride	
Community Transport		If other, please write here....	

<b>Although Open Age membership is FREE, we would be grateful if you are able to make a donation to help cover our mailing and administration costs:</b> £10 <input type="checkbox"/> £20 <input type="checkbox"/> £50 <input type="checkbox"/> Other £ _____ <input type="checkbox"/>		Please make cheques payable to <b>OPEN AGE</b> and send with this form to: Open Age, St Charles Centre for Health & Wellbeing, Exmoor Street, London, W10 6DZ <b>(Please DO NOT send cash in the post.)</b>	
You can also give online at: <a href="http://www.iustgiving.com/open-age">www.iustgiving.com/open-age</a>			
<input type="checkbox"/>	Please tick this box if you would like to receive information on setting up a regular Standing Order from your bank.		<input type="checkbox"/>
			Please tick this box if you would like to receive information about leaving a legacy in your Will for Open Age.

<input type="checkbox"/>	By ticking this box, I assert that I am a UK taxpayer and would like Open Age (Charity Number 1160125) to class all donations and contributions to Open Age as Gift Aided. I understand that Open Age can reclaim 25p of tax for each £1 that I have given, and that I have paid, or will pay, UK Income Tax or Capital Gains Tax equal to the tax to be reclaimed in the appropriate tax year the donation has been made.
--------------------------	--

Data Protection Statement			
I understand that Open Age will log this information on a database so that marketing material including our activity programmes, information about fundraising and other third party events and programmes can be sent in the post or by email to me. The database will only be available to other providers for technical database operational and maintenance purposes. In an emergency, the information may also be used to make contact with the person nominated to inform them of the incident. I also understand the information provided may be used to create statistics for funders to show Open Age activities reach a variety of older people of different ages and backgrounds, and without this information, activities may not be funded. Open Age will not disclose my individual personal information to third parties without first seeking permission.			
<b>Signature</b>		<b>Date</b>	
Office use only			
Card	Information	Donation cash	Donation Chq
			Initials
			On Database
Thank you sent, date & from which office			