

## MEMBERSHIP FORM

***Please complete & return this form in the envelope provided. No stamp needed.***

I wish to join as a member of Polio Survivors Ireland

### Section A Personal Information:

Name \_\_\_\_\_

Phone/Mobile \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

***Please*** ✓ ***tick the relevant box***

I am a person who had polio

I am Family/Friend member

I'm a Health Professional

I'm interested in Volunteering

There is a voluntary annual membership contribution of €10. Life membership is €50

**If you are not a polio survivor please go straight to Section C, next page**

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### Section B: Please only fill in this section if you are a polio survivor

1. At what age did you get polio? \_\_\_\_\_

Date of Birth \_\_\_\_\_

2. If under any circumstances we have difficulty contacting you, we will contact your next of kin. Please print their contact information below:

Name \_\_\_\_\_

Telephone/Mobile \_\_\_\_\_

**3. Do you have an urgent need?** Yes  No

If **Yes** please comment on your needs:

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Can we link you in with the telephone support service? **Yes**  **No**

*(Please tick ✓)*

Can we link you in with your local social support group? **Yes**  **No**

*(Please tick ✓)*

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***Please read the section below and sign this form***

### **Section C. Consent for Data Protection**

In return for being granted funding, Polio Survivors Ireland may be obliged to pass your contact details (i.e. name & address) and details of your needs (i.e. aids, appliances, services, therapies, etc.) to such bodies where they funded a service or support for you.

***By signing this form you agree that:***

- In return for being granted funding by public bodies, my needs and contact details being made available by Polio Survivors Ireland to such bodies.*
- In return for being granted funding by private funders, my needs and contact details being made available by Polio Survivors Ireland to such funders.*
- We will communicate with you regularly to update you on our work, events, fundraising and other activities*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ 20\_\_\_\_

### **Data Protection Notice**

To facilitate your membership with us, Polio Survivors Ireland will process personal and, if applicable, possibly sensitive information relating to you both digitally and in manual format for the duration of your membership. You have the right to access this information at any time by calling **01 889 8920** or emailing [info@polio.ie](mailto:info@polio.ie).

If you do not wish to receive any mailings promoting Polio Survivors Ireland's fundraising activities or events please tick ✓ this box

***If you have any questions or concerns about filling in this form please call our office at the number below***