



DISABILITY INFORMATION SERVICE HUNTINGDONSHIRE

Registered Charity No. 1061702

#### MEMBERSHIP APPLICATION FORM

Membership of the Disability Information Service Huntingdonshire, (also known as DISH), enables people and organisations, sympathetic to the work of the charity, to support and influence its development for the benefit of disabled people and carers.

#### **Individual Membership**

Individual Membership is open to all disabled people and carers, including parents/guardians of children with disabilities, who live or work in Huntingdonshire. An Individual Member will be entitled to full voting rights at all open meetings and the right to put forward questions for answer or discussion by the DISH Management Committee.

#### **Group Membership**

Group Membership is open to organisations in Huntingdonshire representing groups of people with disabilities with purposes similar to the purpose of DISH. The organisation's appointed representative will be entitled to the same rights as an Individual Member.

#### **Associate Membership**

Any individual, group or organisation who has specialist knowledge, experience or skills which are relevant to DISH.

#### **Honorary Membership**

Other individuals or organisations, wishing to support DISH, may apply to become an Honorary Member. An Honorary Member will have no voting rights. Anyone wishing to apply for Honorary Membership should contact the DISH Chairman for details (see overleaf).

#### **Management Committee Membership**

Please contact the DISH Chairman for details (see overleaf).

**APPLICATION DETAILS**

Please indicate the category of membership you wish to apply for:

**Individual**                       **Group**                                            **Associate**                     

**Individual Membership Application:**

Name .....

Address .....

..... Post Code: .....

Tel ..... Email.....

Signature ..... Date .....

Do you have a disability?                      YES/NO

Are you a carer?                      YES/NO

Are you a parent carer?                      YES/NO

**Group Membership Application:**

Name of Organisation .....

Address of local office .....

.....Tel .....

Name of Representative .....

Position in Organisation .....

Address .....

..... Tel .....

Signature ..... Date .....

- o When completed this form should be returned to:

**The Chair, DISH, Pendrill Court, Papworth Everard  
Cambridgeshire CB23 3UY**

- o The Management Committee has the right to refuse any application which, in its opinion, is inappropriate.
- o DISH is registered under the Data Protection Act.