North Highland Cancer Information and Support Centre, SCIO (SC048935)

**Membership Application**

|  |  |
| --- | --- |
| **Your details** | **These will be used for our mailing list** |
| Your Title: Mr/Mrs/Miss/Ms/Dr |  |
| Forename |  |
| Surname |  |
| Address |  |
|  |  |
|  |  |
| Postcode |  |
| Telephone number |  |
| Mobile phone number |  |
| E-mail address |  |
| Date of Birth (optional) |  |

**Which of these describes you (this section is optional)**

|  |  |
| --- | --- |
| Someone who has or has had cancer |   |
| Would you be willing be speak to others with the same cancer diagnoses |  |
| If yes, please state which cancer you have or have had |  |
| Are or have been a carer for someone affected by cancer |  |
| A health professional |  |
| Other, please state |  |

**By applying to become a member of the North Highland Cancer Information and Support Centre, I declare that I share its aims and understand the confidentiality policy. My details will only be used and recorded on computer for mailing purposes. The Centre will only use general information for statistical purposes, and none of my personal details will be divulged to third parties without my written consent.**

**Signature: …………………………………….. Date: ……………………………**

**Approved: …………………………………….. Date: ……………………………**