

HDFT Membership Registration Form

Title (Mr/Mrs/Miss/Ms/Other):					
First Name	e:		Surna	ame:	
Date of Bir	rth:				
Address:					
Post Code				ohone:	
		ctive method of cor than post, please	-	vith our members. If you are will mail address.	ing to receive
Email:					
We would like	e to encourage	e others in your ho	usehold to be	come a member. Please add the	ir details as follows:
Title (Mr/M	lrs/Miss/M	s/Other):			
First Name: Surname:					
Date of Bir	rth:				
Address:					
Post Code):		Tele	ohone:	
Email:					
We recognise	-		p that is repre	sentative of the whole community	ty. It would be helpful
First Applic	ant:				
Ethnicity:	White	Mixed	Black	Asian or Asian British	Other
Gender:	Male	Female			

Second Applicant:

Ethnicity: White Mixed Black Asian or Asian British Other

Gender: Male Female

Are you a member of staff or member of the public? _

Please note that Foundation Trusts are required to publish, and make public, a register of members. This will include the name of the member and the constituency to which they belong; it will not include any other personal details

In accordance with both European law and the Data Protection Act 1998, Members have the right to choose if their personal data is disclosed.

Please tick this box if you would prefer NOT to have your details on this:

All personal details will be held on a confidential database and will be used only for the purposes to communicate information regarding Harrogate and District NHS Foundation Trust and other information that may be of interest to members. Contact details will not be passed to any other organisation other than those appointed to carry out membership mailings and elections and information will sent out securely.

How did you find out about becoming a member?

Website Governor* Family/Friend Member of Staff Other*

For those options marked with an asterisk* please enter the name of the Governor or other source here: