



SOFEA Community Larder

Membership Application Form

Contact Information

| | | | | | |
|----------------|-------------------------------------|---------------------------------|--------------------------------|-----|--|
| Name: | | Date Joined: | | MN: | |
| Email Address: | | | | | |
| Address: | | | | | |
| Post Code: | | Contact No.: | | | |
| Membership | Individual <input type="checkbox"/> | Family <input type="checkbox"/> | Other <input type="checkbox"/> | | |
| Payment | Direct Debit | Other | Larder | | |

Select any of the below which may be relevant to your personal circumstances; we may be able to offer advice or information relevant to your needs.

| | |
|---|--|
| <input type="checkbox"/> Low or no income household <input type="checkbox"/> Older person <input type="checkbox"/> Life limiting conditions <input type="checkbox"/> Asylum seeker/refugee <input type="checkbox"/> N.E.E.T.S <input type="checkbox"/> B.M.E <input type="checkbox"/> Homelessness <input type="checkbox"/> Drug or alcohol addiction <input type="checkbox"/> Physical health problems | <input type="checkbox"/> Mental health problems <input type="checkbox"/> Domestic violence <input type="checkbox"/> Ex-offender <input type="checkbox"/> Ex-service personal <input type="checkbox"/> L.G.B.T <input type="checkbox"/> Long-term unemployed <input type="checkbox"/> Young people/In care-care leavers <input type="checkbox"/> Lone parents <input type="checkbox"/> Other: |
|---|--|

Where did you hear about the Community Larder?

How will being a member of the Community Larder help you?

3 allocated people to collect from the Community Larder on your behalf (they will need to bring Photo ID)

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

I agree to look after the food well and to store it appropriately; I agree that the food is NOT for resale under any circumstance; and my membership will be cancelled if found to breach this

I agree to my personal details being held and used by SOFEA in accordance with the new General Data Protection Regulations (GDPR):

I would like to receive updated information / Newsletters

I Fully Agree to the Terms and Conditions of the SOFEA Community Larder

My Preferred Method of Contact for Updated Terms and Conditions, SOFEA Community Larder Correspondence:

Email: *Telephone:* *Post:*

Signature: *Date:*