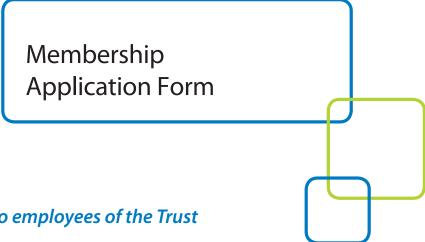
NHS Foundation Trust



This form does not apply to employees of the Trust

Title (please identify) Mr / Mrs / Ms / Miss / Dr / Prof / Other

General Information

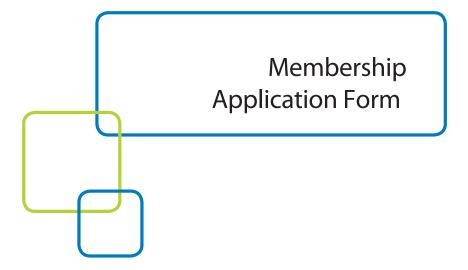
We want as many people as possible who are eligible to become members of our Foundation Trust. By law we are required to keep a minimum amount of information about our members. We will keep this information confidential in accordance with the Data Protection Act 1998, and will not share it with any other party.

SECTION1 - About You

Surname	Forename(s)	
Full Address		
Town	Postcode	
Date of Birth / / (a	lay/month/year) Gender: Male Female	
(please note that you must be at least ag	ed 14 to become a member of the Foundation Trust).	
we serve. We would like to know detail optional for you to provide this information. White Mixed Asian or A Other Ethnic Group please specific	Asian British Black or Black British	
If so, please indicate: Sensory disability	Physical Learning Mental health disability disability problem	
Other please specify:		
SECTION 2 - How to Contact You Please let us know how you would like	us to contact you.	
E-mail Yes No	Home Tel:	
Post to Home Yes No	Mobile Tel:	
	F-mail ·	

Please note, we prefer to contact by e-mail if at all possible as this saves the hospital money on postage and is environmentally friendly!

NHS Foundation Trust



SECTION 3 - Type of Membership

Please let us know, by ticking the relevant box, whether;		
You would like to be involved in membership activities, e.g. volunteering		
You only want to receive information about the Trust and Governor electio	ns	
SECTION 4 - Standing for Governor		
Our members will have the opportunity to elect and stand for election as C Council of Governors:	Governor on the Trust	
I would like more information/consider standing for election as Governor	Yes No	
SECTION 5 - Communications		
How did you hear about becoming a member?		
Patient Face-to-face Through an Trust website mailing recruitment employee of the Trust	Through the media Other	
SECTION 6 - Declaration		
Signature:	Date:	

Please freepost your completed Membership Application form to the address below:

Freepost

RJAH Foundation Trust Office
The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust
Oswestry, Shropshire SY10 7AG

Freepost Licence: RSEH-KATU-ZKGB

If you require this document in a different format please contact the Foundation Trust office.