

# MEMBERSHIP FORM OVER 16 YRS



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## Prevention Matters Time Credits

Name of group or organisation you earn credits with:

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## Your contact details

*\* Required*

Name:\*

Date of Birth:\*

Email address:\*

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Phone number:

Mobile number:

Address:

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Post Code:

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How would you describe your gender?

Male     Female     Transgender     Prefer not to say

What is your first preferred language of communication?

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What other languages do you speak?

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Have you regularly volunteered before?

Yes

No

Have you received Prevention Matters services?

Yes

No

Emergency contact details *(optional)*

Name:

Phone number:

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Relationship to you:

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*I confirm that I would like to become a member of the Time Credits network in order to earn and spend Time Credits.*

Signed:

Date:

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From time to time Spice would like to contact you with information about your local Time Credits Network such as new spending opportunities. Please tick this box if you would not like to be contacted.

Spice will not pass your details on to any third parties or use them for marketing purposes in accordance with the Data Protection Act 1998.