# Sight Matters Membership Form

## Section 1: Member Information

Title: type title here

Forename or forenames: type forename here

Surname: type surname here

Preferred name: type preferred name here

Date of birth: type date of birth here

Address including Postcode: type address including postcode here

Home telephone: type home telephone here

Mobile: type mobile number here

E-mail: type email here

Eye conditions: type eye conditions here

Emergency contact: type emergency contact here

Emergency representative name: type emergency representative name here

Emergency phone number: type emergency phone number here

Relationship to member: type relationship to member here

Member Signature:

Date: type date here

## Section 2: Representative (if unable to sign for self)

Name: type representative name here

Representative Signature:

Person completing form: type name of person completing form here

## Additional Information

Allergens (Write 'Yes' or 'No'): type yes or no here

Media Consent – Are you happy for your photo to be used? (Write 'Yes' or 'No'): type yes or no here

Consent to store and share data as stated (Write 'Yes' to confirm): type yes or no here

Would you like a copy of this membership form? (Write 'Yes' or 'No'): type yes or no here