



**Plymouth Area  
Disability Action Network**

**PADAN**

**Individual  
Membership  
Form**

**Title** Mr/Mrs/Ms or other

**Name**

**Address**

**Postcode**

**Phone / Text**

**Email**

Full Membership is open to disabled people (minimum age 18) and Associate membership is open to non-disabled people, who may be family carers, friends, helpers, volunteers or just be interested in disability issues. Both have voting rights but Associate membership is restricted to 30 percent of the total membership. Full members and Associate members are entitled to attend all meetings, activities and receive PADAN newsletters.

### **Full Membership**

Do you identify as a disabled/Deaf person?

Yes  [Eligible for full membership]

No  [Eligible for Associate membership]

### **Associate Membership**

I wish to become an Associate member

What are your communication preferences? For example large print (state point size if larger than 14 pt), audio/CD, Braille, BSL interpreter?

What are your access requirements? For example, lift/ramp if there are steps, induction loop, accessible transport, blue badge parking?

Please describe:

How would you prefer to receive information and news about PADAN?

Post       Email       Other (please describe below)

**Note:** Email is cheaper for PADAN to use if you don't have a particular access need to receive information by post.

Do you have a particular interest, eg gardening, music, DIY, disability rights?

## Data Protection Authorisation

We are complying with the Data Protection Act 1998, which protects the right to privacy of individuals. In order to do this please read, tick the boxes and sign below to give us your authorisation to keep your contact details.

I understand my contact details will not be passed on to any other agency without my express permission.

The information will be confidential to PADAN.

**I agree that PADAN can keep my contact details relating to my membership**

**I agree to allow photographs to be taken of me during PADAN activities and agree to them being used for publicity and marketing of PADAN**

**Signature:**

**Date:**

**Please return this form by email to:**

info@padan.org.uk

**Or by post to:**

Dawn Clarke, PADAN Co-ordinator, c/o Ernest English House, Buckwell Street, Plymouth PL1 2DA

**Plymouth Area Disability Action Network – PADAN**

**Reg. Charity No: 1142106**

**Reg. Office:** c/o Ernest English House, Buckwell Street,  
Plymouth PL1 2DA

**Tel / Text:** 01752 201766, **Fax:** 01752 202214

**Email:** info@padan.org.uk     **Web:** www.padan.org.uk