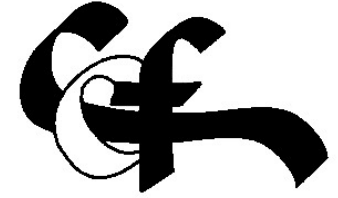


# Carers Christian Fellowship ~ Membership Form



If you would like to join, please complete this form and send it to the address below with your payment as appropriate.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

- Age  Under 25  
 25-50  
 51-75  
 76 and over

Nature of disability of one cared for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to the one cared for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are not a carer, but wish to support the Fellowship, you may join as A Friend of CCF

I would like to be put in touch with a carer in similar circumstances

I would like to join a local group of the Fellowship

I would like to be A Friend of CCF

I would like to give support to a carer

I heard about the Fellowship through

\_\_\_\_\_  
\_\_\_\_\_

I/We enclose an annual subscription per family of

Waged £ 12.00 minimum

UnWaged £ 6.00 minimum

I would like to pay my subscription by standing order, please send me a form

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Please make cheques payable to

"Carers Christian Fellowship"

Please return to:

Beech Shade Cottage,  
Bank,  
Lyndhurst  
Hants  
SO43 7AD

Tel: 01793 887068

email: nhdv@hotmail.com

Website: www.carerschristianfellowship.org.uk