

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 £ 10.00 minimum

UnWaged £ 5.00 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:

14 Cavie Close,
 Nine Elms,
 Swindon, Wiltshire,
 SN5 5XD

Tel: 01793 887068

email: sjones.ccf@ntlworld.com

Website: www.carerschristianfellowship.org.uk