

# PEER ADVOCACY in MENTAL HEALTH MEMBERSHIP FORM

Please complete the form below if you have decided that you want to become a member of Peer Advocacy in Mental Health.

Name in full	
Address with post code	
Telephone:	
Email:	

Please note that the form will go to administration at Peer Advocacy in Mental Health with your details placed on record. We are GDPR compliant and will hold your details protecting your right to privacy in accordance with the law. If you have any queries about your privacy, please send your enquiry by completing the form found on the Get in Touch page on our website.

Before you send the completed form to administration, we require your consent. Please read the statement below, sign and date directly beneath to indicate if you are happy to proceed.

I hereby give permission to Peer Advocacy in Mental Health to place my personal details provided on this form on a data base allowing them to contact me with updates and send invites to annual events organised through/by said organisation.

Any questions I might have with regards my right to privacy have been answered to my satisfaction.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to: