



SOFEA Community Larder

Membership Application Form

Contact Information

Name:		Date Joined:		MN:	
Email Address:					
Address:					
Post Code:		Contact No.:			
Membership	Individual <input type="checkbox"/>	Family <input type="checkbox"/>	Other <input type="checkbox"/>		
Payment	Direct Debit	Other	Larder		

Select any of the below which may be relevant to your personal circumstances; we may be able to offer advice or information relevant to your needs.

<input type="checkbox"/> Low or no income household <input type="checkbox"/> Older person <input type="checkbox"/> Life limiting conditions <input type="checkbox"/> Asylum seeker/refugee <input type="checkbox"/> N.E.E.T.S <input type="checkbox"/> B.M.E <input type="checkbox"/> Homelessness <input type="checkbox"/> Drug or alcohol addiction <input type="checkbox"/> Physical health problems	<input type="checkbox"/> Mental health problems <input type="checkbox"/> Domestic violence <input type="checkbox"/> Ex-offender <input type="checkbox"/> Ex-service personal <input type="checkbox"/> L.G.B.T <input type="checkbox"/> Long-term unemployed <input type="checkbox"/> Young people/In care-care leavers <input type="checkbox"/> Lone parents <input type="checkbox"/> Other:
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Where did you hear about the Community Larder?

How will being a member of the Community Larder help you?

3 allocated people to collect from the Community Larder on your behalf (they will need to bring Photo ID)

1.	
2.	
3.	

I agree to look after the food well and to store it appropriately; I agree that the food is NOT for resale under any circumstance; and my membership will be cancelled if found to breach this

I agree to my personal details being held and used by SOFEA in accordance with the new General Data Protection Regulations (GDPR):

I would like to receive updated information / Newsletters

I Fully Agree to the Terms and Conditions of the SOFEA Community Larder

My Preferred Method of Contact for Updated Terms and Conditions, SOFEA Community Larder Correspondence:

Email: *Telephone:* *Post:*

Signature: *Date:*