**Membership Application**

**I/We confirm that I/we wish to become a member of Love Me - Love My Mind, a Charitable Incorporated Organisation, Charity Registration number: 1177683**

**Full Name and title:**

**Postal Address:**

**Email address:**

**I confirm agreement to be contacted with information on Love Me - Love My Mind’s activities including those relating to Epsom Mental Health Week and understand that I have the right to withdraw this ‘consent to be contacted’ at any time.**

**I confirm that the Trustees, Employees and Volunteers of Love Me- Love My Mind may use the information provided on this form for the above purposes and that this information:**

* **Will be used in confidence and stored securely**
* **Will not, in any circumstances be shared with a third party without my written consent**
* **May be retained by Love Me - Love My Mind for a period of time such as complies with professional, legal and insurance requirements that they must fulfill.**

**Signature Date:**