

# Membership Application Form

Superstar Friends



Please fill in all the sections where appropriate and sign and date the application

## PARTICIPANT DETAILS

Name

D.O.B

Address

Tel No (1)

Tel No (2)

Emergency Contact Details

Name:

Tel No:

Email Address

**Please Note: Our Volunteers do not provide personal care or administer any medication to Superstar Friends Members. If this is required, Members will need to be accompanied to all activities by their own 1:1 support.**

## SUPPORT NEEDS (Please provide all relevant information)

Will you attend with a carer or support worker?

Please detail any behavioural issues or challenging behaviour. Attach a risk assessment if necessary

Please give details of any specific health needs you think we should be aware of. Use a separate sheet if necessary



Registered Charity 1180658

## COMMUNICATION

Please provide details of your communication skills, if relevant. Include signing, non-verbal communication and any speech difficulties

## TRAVEL

Please provide details of travel arrangements to and from the sessions (if relevant)

Taxi company and telephone number (if relevant)

Completed by.....Date.....

I confirm that I have supplied all the relevant information needed to support the members health and safety needs whilst attending a Superstar Friends Activity

Signed.....

**Superstar Friends Membership costs £10 per Year, renewed every April, payable by cash or cheque made out to 'Superstar Arts'**

Please send completed application forms to:

**Superstar Friends**  
C/O Superstar Arts  
61 Kingsland Road  
Worthing  
West Sussex

BN14 9ED **Email: [sam.ewers@superstararts.com](mailto:sam.ewers@superstararts.com) T-07982432833 or 0774148325**

### Office Use

Date Joined:

Date Fee Paid:

