MEM

**MEMBERSHIP APPLICATION FORM**

Name of your organisation or service:

|  |
| --- |
|  |

Type of your organisation (please tick that applies):

* NHS services
* Social care provider
* Support for older people
* Voluntary organization
* Educational
* Other (please specify) ………………………………………………………………………………………………………….

What does your organization or service do?

|  |
| --- |
|  |

Please provide contact details for your service or organization (These details will be published on Barking and Dagenham Healthwatch member`s page on our website):

|  |
| --- |
| Name of Contact:Telephone number:Email:Website/Facebook/Twitter/Instagram details (so that we could tag you and highlight your service`s contribution and highlight events): |

Would you like to receive our e-newsletter?

* Yes
* No
* I am already signed up to receive e-newsletters

**Please provide the details of a person who will be the point of contact for Healthwatch Barking and Dagenham.** **This information will remain confidential.**

|  |
| --- |
| Name of contact:Role within the organisation or service:Telephone:Email: |

Please email completed application form to info@healthwatchbarkinganddagenham.co.uk

Healthwatch Barking and Dagenham

Lifeline House

25 Neville Road

Dagenham, Essex RM8 3QS