



Membership Application

(please note that a voluntary donation of £6.00 is requested annually for KASBAH membership)

Please print out and return the completed form to:
KASBAH, 7 The Hive, Northfleet, Kent, DA11 9DE

Please make cheques and postal orders payable to KASBAH

I enclose a *cheque /*postal order /*cash for the sum of **£6.00**

(*Delete as appropriate)

Name in full (please print)

Address (please print)

.....

Telephone No.

Gender: Male Female Date of Birth/...../.....

Medical Condition

Request Adviser visit: Yes No Wheelchair user: Yes No

Parents Names (if under 18)

I give my consent for KASBAH to keep a record of my/my child's details on computer and in paper files.

Signed Date