



**Mid Norfolk Mencap (also serving North and South Norfolk)  
LIFETIME MEMBERS APPLICATION FORM**

**I wish to apply for Lifetime Membership at £2.00**

**Please Print**

**Name (in full) .....**

**Address .....**

**.....Postcode .....**

**Telephone .....**

**E-mail Address .....**

**Do you wish to receive information via post or email .....**

**I am particularly interested in helping Mid Norfolk Mencap please specify (see over)**

**Family Member with a Disability (if applicable)**

**Name ..... Date of Birth .....**

**School/ Day Services attended .....**

**Signed ..... Date .....**

**Please return the completed form with your cheque (payable to Mid Norfolk Mencap) to:-**

**Mid Norfolk Mencap  
1a Tavern Lane  
Dereham  
Norfolk  
NR19 1PX**

**Thank you for your application for membership and your willingness to contribute to our further success and development.**