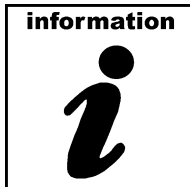




Out and about with confidence in your local community

Safe Places Scheme

MEMBERSHIP APPLICATION FORM



What is your full name?

What is your date of birth?

Why do you wish to be a member?

I have/am a...

Young Person	<input type="checkbox"/>	Older Person	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Mental Health Condition	<input type="checkbox"/>	Other	<input type="checkbox"/>
Prefer Not to Say	<input type="checkbox"/>		

What is the address where you live?

Postcode	



What is your telephone number?



If you would like us to contact you by e-mail, you can write your e-mail address here:



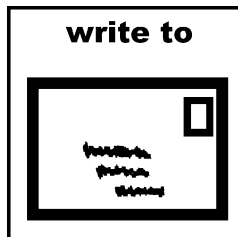
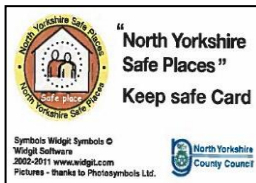
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Please provide details of up to 3 people who can be contacted in the event that you require assistance at a Safe Place:

Contact 1	
Name:	
Address:	
Phone No:	
Contact 2	
Name:	
Address:	
Phone No:	
Contact 3	
Name:	
Address:	
Phone No:	

Upon receipt of this form, we will send you our membership ID. Please confirm if you would like a card or a band



<p>Card</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Band</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Where do I send my application?</p> <p>SPS, 296 St Vincent Street, Glasgow, G2 5RU safeplaces@spsdoorguard.com</p>

About You

Please use this space to give us any more information about yourself that you think our Safe Places might need to know.