



Wandsworth Access Association



MEMBERSHIP APPLICATION

Please complete both forms and post them to:

The Secretary
Wandsworth Access Association
C/o Borough Planners Service
The Town Hall
Wandsworth
London SW18 2PU

(Please use BLOCK letters)

Name: _____

Address: _____

Tel No: _____

Birth Year: ____/____ (optional)

Signature: _____

Date: ____/____/____

Do you have a disability? Yes (Please tick✓) No

If **YES**, what is the nature of your disability?

If **NO**, what is the nature of your interest?



Wandsworth Access Association



EQUAL OPPORTUNITIES MONITORING

Wandsworth Access Association of People with Disabilities is fully committed to the promotion of equality in the provision of its services; therefore we would be grateful if you could give us some details of your Ethnicity.

ETHNIC ORIGIN

How would describe your ethnic group or background as?

Please tick the appropriate box from the list below:

- | | |
|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> White British | <input type="checkbox"/> Pakistani Asian |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Black African |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> White and Black Asian | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Any other Mixed background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Any other Ethnic group |
| <input type="checkbox"/> Indian Asian | <input type="checkbox"/> I would rather not say |

Please complete and send it with the application form.

As part of the Grant Application Terms and Conditions, Wandsworth Access Association of People with Disabilities has to show as an association we are committed to give Equal Opportunities to all our Members.



For Your Information

- Open membership to disabled & able- bodied people.
- After joining (by completing and sending both forms) you will be sent an invitation to the next meeting (when due) and the minutes of the last meeting.
- Particulars of obtaining free transport, after joining, from your home, will be subject to qualifying criteria.

➤ FREE MEMBERSHIP

◆ If you have any queries, please telephone or E-mail:-

- Chairman: 0208 874 2007
- E-mail:-info@wandsworthaccess.org.uk
- Website:-www.wandsworthaccess.org.uk

Please keep this sheet for your information.