



Title: Mr Mrs Miss Ms

First Name: _____ Last Name: _____

Address: _____

Postcode: _____

Home telephone no: _____ Mobile no: _____

Email: _____ Date of birth: _____

Tenure - please tick the box that applies to you

- I own my own home I am a private tenant
 I am a council or housing association tenant Other _____

How did you hear about this service?

(Where possible please could you indicate where you saw/heard about this service)

- Leaflet _____ Advert _____
Poster _____ Talk or event _____
Friend/ Neighbour Other _____

Are there any jobs you need doing now?

Yes No If yes, please describe requirements below and we will call you to arrange.

How to pay

- Upon receipt of this form, we will contact you by telephone and take your payment by debit/credit card
 I enclose a cheque made payable to Help and Care for: £ _____ : _____
 In person at the Handiworks office (please bring this form with you)

Please return completed form to: Handiworks Plus, Help & Care,
The Pokesdown Centre, 896 Christchurch Road, Bournemouth BH7 6DL

Signature: _____ Date: _____

For office use only

Membership number _____ Amount of fee paid _____

Date application received _____ Paid by _____



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