



Membership Form 2017

Organisation: _____

Contact Name: _____ Position: _____

Project Coordinator (if relevant): _____

Address: _____

Mail Address: _____

Postcode: _____

Health Trust Area: _____

Phone No: _____

No of children involved: _____ Age range of children: _____

The majority of PlayBoard's information is sent electronically (email) please provide us with an email address below and tick the following. I agree to receive information and documents in electronic form. I reserve the right to withdraw this permission at anytime.

Email: _____

Membership Category (please tick)

Full Member

Associate Member

If you wish to become a Full Member or an Associate Member, you must agree with PlayBoard's terms and conditions, you can find these on www.playboard.org/aboutus/membership

Please tick the box provided to agree with these terms and conditions

Please return this form to: *Lisa O'Connor PlayBoard, 7 Crescent Gardens, Belfast BT7 1NS*
or scan and email it to lisa.oconnor@playboard.co.uk
For more information visit www.playboard.org

For Official Use Only Please do not write in the box below

Date: _____ Signature: _____

Membership No _____