

## Application for Membership

I wish to apply for membership of Crossroads Care Cheshire West & Wirral.  
I understand that when my application is approved, I will receive a copy of  
the Articles and Memorandum of Association and that the current  
membership fee will be requested.  
(please print)

<b>Title:</b>	<b>Name:</b>		
<b>Address:</b>			
<b>Postcode:</b>			
<b>Telephone number:</b>		<b>Mobile:</b>	
<b>Email address:</b>			
<b>Signed</b>		<b>Date:</b>	
<b>Could you please supply the following details, if applicable:-</b>			
Are you a past or current user of our respite service?    Yes / No			

**Please return to:**

**The Company Secretary  
Crossroads Care Cheshire West & Wirral  
G.F.2 Candy Park, Old Hall Road  
Bromborough, Wirral. CH62 3PE**

**For Office use only:    Date approved by Board of Trustees .....**