MEMBERSHIP APPLICATION

If you require this form in larger print or need assistance completing this application, please contact us on 01243 869662 or enquiries@capitalcharity.org
Return by email or to: 49 Station Rd, Polegate, East Sussex, BN26 6EA.

CAPITAL Membership is open to anyone who uses or has used mental health services.	
Please tick to confirm you have used Mental Health services	

PLEASE FILL IN USING CAPITAL LETTERS

Please print your full name below:	
Full address including post code	
Landline phone number (including area code)	
Mobile number	
Email address	

Preferred contact method - please tick	
Phone call (specify landline or mobile)	
Text message	
Email	

I apply to become a member of CAPITAL *(This is not an application for employment)*	
Please print full name	
Date of Birth (DD/MM/YYYY)	
Signature	
Date (DD/MM/YYYY)	
By signing this application, you agree to abide by the CAPITAL Agreement (enclosed) and its Policies and Procedures which can be seen at our Head Office (address above)	

Emergency Contact Details – Please give 1 contact to be used in the case of an emergency.	
Please print full name	
Landline / Mobile Number	
Relationship to you	
This information will NOT be shared with any third parties.	

What area/s of West Sussex would you like to be involved in?	
AAW - Arun, Adur and Worthing	
Northern – Crawley, Horsham, Mid Sussex	
Western – Bognor and Chichester	
Do not live in West Sussex	
This will help us to support you and your needs appropriately, specifically if you need access to transport, venues and your general welfare.	

How did you find out about us?	

Please tell us about yourself, how we might be able to support you for example –

- Any interests or hobbies e.g. arts and crafts
- Your journey through the mental health system
- Would you be interested in joining in with Peer Led Training (e.g. Self Esteem and Boundaries)