

# MEN UNITED FATHERS NETWORK

Supporting Fathers and their Families

RACE & COMMUNITY AWARD WINNERS 2000

Registered Charity Number 1089211

## Membership Forms for April 2005 – March 2007

The information requested below is **Strictly Confidential** and is for the use of *Men United Fathers Network* for monitoring purposes only.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Nationality: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Status (Single, Non-Resident, or 'Live-at-home' Father): \_\_\_\_\_

Number of Children: \_\_\_\_\_

Name: \_\_\_\_\_ M / F: \_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ M / F: \_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ M / F: \_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ M / F: \_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ M / F: \_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ M / F: \_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_\_

Additional Information (Special Needs/Medication): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member Consent: *I hereby give permission for **Men United Fathers Network** to have and use this information for their purposes and acknowledge that this information will not be passed onto any third party*

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b> Membership Payment Received: Yes ___ No ___ Ref No: _____
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