

North Staffs Wheelchair Users Group Membership Form



Name	
Address	
Home phone no.	
Mobile phone no.	
Signature	Date of joining
Membership no. (office use only)	

Please use this space to tell us about any skills or experience you have which could support North Staffs Users Group. For example, management experience, project management, committee work, local community knowledge, experience of publicity and promotion.

Please return the completed form to: