



Care for Carers



Becoming a Member Application Form

Contact us :

Telephone / Fax Number: 0131 661 2077

E-mail : admin@care4carers.org.uk

Web Site : www.care4carers.org.uk

Please return to :

Care for Carers, Lochend House

33-35 Lochend Road South

Edinburgh, EH7 6BR

Thank you for requesting a form to become a member of *Care for Carers*
Please fill in the following details and return the form to us, we will do the rest.

Name : _____ **Date of Birth :** _____

Address : _____

_____ **Post Code :** _____

Tel. No : _____ **E-Mail :** _____

Tell us about your caring role ? (who do you look after ? What illness or disability do they have ? etc.)

Signed : _____

Dated : _____