



**Care for Carers**  
*Supporting those who care for others*

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## Becoming a Member Application Form

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.  
We will add you to our mailing list.

Title & Name : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Address : \_\_\_\_\_ Post Code : \_\_\_\_\_

Tel.No : \_\_\_\_\_ email : \_\_\_\_\_

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

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Signed \_\_\_\_\_

Date : \_\_\_\_\_