

SOFEA Community Larder Emergency Model



Membership Application Form

Name:		Date Joined:		MN:
Email Address:				
Address:				
Post Code:		Contact No.:		
Membership	Individual <input type="checkbox"/>	Family <input type="checkbox"/>	Other <input type="checkbox"/>	
Payment	Direct Debit	Other	Larder: <input type="checkbox"/>	

Select any of the below which may be relevant to your personal circumstances; we may be able to offer advice or information relevant to your needs.

<input type="checkbox"/> Low or no income household	<input type="checkbox"/> Mental health problems
<input type="checkbox"/> In Full / Part time employment	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Life limiting conditions/Physical Health Problems	<input type="checkbox"/> Ex-offender
<input type="checkbox"/> Asylum seeker/refugee	<input type="checkbox"/> Ex-service personal
<input type="checkbox"/> N.E.E.T.S	<input type="checkbox"/> L.G.B.T.Q
<input type="checkbox"/> B.M.E	<input type="checkbox"/> Long-term unemployed
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Young people/In care-care leavers
<input type="checkbox"/> Drug or alcohol addiction	<input type="checkbox"/> Lone parents
<input type="checkbox"/> Older People	<input type="checkbox"/> Universal Credit
<input type="checkbox"/> Carer	<input type="checkbox"/> Other:

Where did you hear about the Community Larder?

How will being a member of the Community Larder benefit you?

3 allocated people to collect from the Community Larder on your behalf (they will need to bring Photo ID)

1. _____

2. _____

3. _____

Would you benefit from any of the following:

Debt Management Support	<input type="checkbox"/>	Money Management Support	<input type="checkbox"/>
Healthy Eating	<input type="checkbox"/>	Food Waste Reduction	<input type="checkbox"/>
Emotional Support	<input type="checkbox"/>	Money Saving Utilities	<input type="checkbox"/>
Technology Support	<input type="checkbox"/>	Literacy/numeracy Support	<input type="checkbox"/>

I agree to look after the food well and to store it appropriately; I agree that the food is NOT for resale under any circumstance; and my membership will be cancelled if found to breach this

I agree to my personal details being held and used by SOFEA in accordance with the new General Data Protection Regulations (GDPR):

I would like to receive updated information / Newsletters

I Fully Agree to the Terms and Conditions of the SOFEA Community Larder

My Preferred Method of Contact for Updated Terms and Conditions, SOFEA Community Larder Correspondence:

Email: Telephone: Post:

Signature: Date: