

# SOUTH WILTS MENCAP

**I/We would like to apply for/ continue membership of South Wilts MENCAP**

**Name(s): Mr/Mrs/Miss/Ms .....**

**Address .....**  
.....  
.....

**Post code ..... Tel No .....**

**I/We enclose our annual subscription**

**(minimum £1 per person): Amount: .....  
(cheques payable to "South Wilts Mencap")**

- *This information will be kept on a database solely for the use of South Wilts MENCAP. It will not be passed on to anyone else.*

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To help us meet your needs, please tick the boxes which apply to you  
If more than one person is applying, please tick all the boxes which apply

*A person with a learning disability*   
*Other (please add a description if you can)*

Please tell us if you have any special areas of interest or concern:-

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**Please return form to: Mrs Elizabeth Nielsen, Membership Secretary  
Greenacres, 1 Hilltop Close, Shrewton, Salisbury SP3 4EB**

**Or to: The Mencap Shop, 16 Catherine St., Salisbury SP1 2PA  
(clearly marked for MEMBERSHIP SECRETARY)**

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Affiliated to the Royal Mencap Society

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