**Date**

**WHY NOT BECOME A MEMBER OF THE MENTAL HEALTH NETWORK?**

**Forename Surname**

**Address**

 **Post Code**

**Tel No Mobile No**

**Email Address**

**Gender (please tick) Male Female**

**Age (please tick)**

**16-20 21-30 31-40 41-50 51-60 60+**

**Nationality**

|  |  |
| --- | --- |
| **LOCATION** | **Please Tick** |
| **Glasgow North East** |  |
| **Glasgow North West** |  |
| **Glasgow South** |  |
| **East Dunbartonshire** |  |
| **West Dunbartonshire** |  |
| **Renfrewshire** |  |
| **East Renfrewshire** |  |
| **Inverclyde** |  |
| **Other** |  |

|  |  |
| --- | --- |
| **HEALTH STATUS** | **Please Tick** |
| **No Disability or Impairment** |  |
| **Mental Health Condition** |  |
| **Physical Impairment** |  |
| **Sensory Impairment** |  |
| **Learning Disability** |  |
| **Carer** |  |

**.**

**By completing this form, I agree to the following Data Protection conditions:**

**The Mental Health Network (Greater Glasgow) is a non profit making organisation. We will only use the details on this form to send you our newsletter and other relevant information. We will securely hold this data until you contact us and ask for it to be deleted for any reason. If you have included your email address on this form, please note that we use a third party email suite (MailchimpTM) to manage our email distribution list.**

Please return to: **Mental Health Network, Suite 11, Templeton Business Centre, 62 Templeton Street, Glasgow, G40 1DA**