



APPLICATION FOR MEMBERSHIP OF HEADWAY NEWRY LIMITED

TOTALLY CONFIDENTIAL

These details are not made available to anyone other than authorised persons in Headway Newry.

NAME IN FULL: _____

ADDRESS: _____

POST CODE: _____ EMAIL: _____

TEL: _____ MOBILE: _____

DATE OF BIRTH: ____ / ____ / ____

Please tick one only:

I HAVE A BRAIN INJURY

I CARE FOR SOMEONE WITH A BRAIN INJURY

I AM A RELATIVE OR FRIEND OF SOMEONE WITH A BRAIN INJURY

I AM A VOLUNTEER

If you have a brain injury or if you care for someone with a brain injury please complete this section:

I WAS BORN WITH A BRAIN INJURY (___)

I ACQUIRED A BRAIN INJURY IN _____ (year)

I ACQUIRED MY BRAIN INJURY AS THE RESULT OF (Please tick one only)

Car or motorcycle or cycle accident (___)

Fall or other accident (___)

Epilepsy (___)

Meningitis (___)

Brain tumour (___)

Aneurism (___)

Assault or mugging (___)

Other (Please describe)

I ENCLOSE THE MEMBERSHIP FEE OF £20;

Cheques should be made payable to Headway Newry Limited.

SIGNED _____ DATE: _____