



## CHANGING PLACES TOILETS MEMBERSHIP APPLICATION FORM

<b>Name:</b>	
<b>Address:</b>	
<b>Postcode</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Over 18</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>Signature</b>	
<b>Date</b>	

I understand that I will be charged £10 for a replacement access fob if the original is lost.

The information on this form will only be used to contact you should there be any access issues with the  
Changing Places Toilets

The personal information supplied on this form will be processed in accordance with GDPR.

### Internal use only

Fob Number provided.

ID provided: utility bill/passport/driving license.

Plus → **BLUE BADGE**

Print Name: \_\_\_\_\_

Sign: \_\_\_\_\_

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

Please return scanned copies as per agreed process