



APPLICATION FOR MEMBERSHIP

I would like to become a member of ELCAP.

I agree that people with learning and other disabilities should receive the support they need to live their own chosen way of life.

I agree to support ELCAP's efforts to deliver appropriate services to meet the needs of each individual, to promote the rights of people with disabilities, and to promote the development of more inclusive communities.

Signature Date

.....

Name (please print).....

Address

.....

Post Code..... Phone No

Email address.....

A company limited by guarantee, registered in Scotland No. 116745, and with charitable status, Scottish Charity Number SC003159.

Registered office:
Woodbine Cottage
West Loan
PRESTONPANS
East Lothian
EH32 9WU

Please return this form to : **ELCAP at the above address**

FOR OFFICE USE ONLY

Date Applied/...../.....

Date Accepted/...../.....

Date Resigned/...../.....

Membership Number