



Individual Membership Form

Please complete this form and return it via email to:
Maria McBride at maria.mcbride@playboard.co.uk
or send via post to:
PlayBoard NI, 7 Crescent Gardens, Belfast, BT7 1NS

Your Details:

First Name: _____
Last Name: _____

Your Address:

Address: _____
Town: _____
County: _____
Postcode: _____
Health Trust Area: Belfast / South Eastern / Northern / Southern / Western

Contact Details:

Phone No: _____
Email: _____

Please tick "Yes" or "No" to give permission to receive information and documents in electronic form (email)
You still reserve the right to withdraw this permission at any time.

Yes No

Terms & Conditions:

If you wish to become a member, you must agree with PlayBoard's terms and conditions.
To read the terms and conditions go to: www.playboard.org/aboutus/membership
You can also view PlayBoard's Privacy Notice online by going to: www.playboard.org/about-us/privacy-notice