



## Organisation Membership Form

Please complete this form and return it via email to:

Maria McBride at [maria.mcbride@playboard.co.uk](mailto:maria.mcbride@playboard.co.uk)

or send via post to:

PlayBoard NI, 7 Crescent Gardens, Belfast, BT7 1NS



### Organisation Details:

Organisation Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Position: \_\_\_\_\_



### Address Details:

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](http://www.playboard.org/aboutus/membership)

You can also view PlayBoard's Privacy Notice online by going to: [www.playboard.org/about-us/privacy-notice](http://www.playboard.org/about-us/privacy-notice)