



**MEMBERSHIP FORM**

**FULL NAME (as on passport).....**

**ADDRESS (Incl.Postcode).....**

.....

.....

**TEL No's ....Home.....Work.....**

Mobile.....

**MAIN E-MAIL.....**

**ALTERNATE E-MAIL.....**

**BLOOD GROUP.....**

**DATE OF BIRTH .....**

**PASSPORT NUMBER (Incl Expiry date).....**

**NEXT OF KIN.....**

**RELATIONSHIP.....**

**ADDRESS & CONTACT NO.....**

.....

.....

.....

**QUALIFICATIONS/SKILLS** (e.g. RTCI /FS/SWR/BAI etc)

.....  
.....  
.....

**SECOND LANGUAGE/S** (State if fluent)

.....

**DRIVING LICENCE** (Please include qualifications e.g. LGV class1 – Manual or Auto only):

.....

I am interested in carrying out the following activities for Florian:

**Fundraising** (this involves organising or assisting at events to help raise funds for the day to day running of the charity and for missions abroad)

Yes/No\* (If No - please state reason)

.....  
.....

**Missions in UK** (this is an essential role within the charity and involves work such as the movement of appliances, picking up and delivering donations as and when required. There is often flexibility to allow for availability of personnel)

Yes/No\* (If No - please state reason)

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**Missions abroad** (this can be as diverse as driving an appliance across Europe or flying to locations worldwide for instructional duties to project managing dependant on suitable qualifications)

Yes/No\* (If No - please state reason)

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.....

**Serving as an official** (this involves serving on the management committee or becoming a Trustee of the Charity)

Yes/No\*

\* Delete as appropriate

**Data Protection Statement**

This information is solely for use by Operation Florian and will not be passed on to any other agencies without prior permission.

I understand that you will update my records, unless I tell you otherwise, when I inform you of a change to my personal details to keep my records accurate and up to date.

Ethical Governance Policy and Membership Policy attached.

**I Wish to be a Member/Do Not Wish to be a Member\*** of Operation Florian.

\* Delete as appropriate

Tick box to indicate you have understood and agree the Data Protection Statement and Terms of the Ethical Governance Policy and Membership Policy.

Signed.....

Name in Block Capitals.....

Date.....

**Please Return to;**

Mrs S A Thomas  
Operation Florian Administrator  
6 Worcester Close  
Bracebridge Heath  
Lincoln  
LN4 2TY  
e-mail [OpFlorian@aol.com](mailto:OpFlorian@aol.com)

**Office Use Only**

Signed.....

Name & Position.....

Date.....

**Presented to Trustees**.....

**Accepted/Rejected( reason)**.....

**Applicant Notified**.....

**ID Badge Issued & No**.....

Registered Charity No; 1054657  
Address; 6 Worcester Close, Bracebridge Heath, Lincoln, LN4 2TY  
Tel/fax 01522 569728  
E- Mail; [OpFlorian@aol.com](mailto:OpFlorian@aol.com)  
[www.operationflorian.com](http://www.operationflorian.com)