



CHANGING PLACES TOILETS MEMBERSHIP APPLICATION FORM

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

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