

# SOCIAL SUPERMARKET MEMBERSHIP APPLICATION FORM

**MEMBERSHIP FEE - ONE OFF £5**

**NOTE: ALL ITEMS FROM THE SOCIAL SUPERMARKET IS AT A REASONABLE DISCOUNT**

## SECTION 1: Applicant Information

FULL NAME:

DATE OF BIRTH:

ADDRESS:

POSTCODE:

PHONE NUMBER:

EMAIL ADDRESS:

Preferred Method Of Contact:

## SECTION 2: Household Information

Number Of Adults in Household:

Number Of Children In Household (Under 18):

Do you have any dietary requirements or allergies? ☐ Yes ☐ NO  
If yes, please specify:

Do you receive any of the following benefits? (Tick all that applies)

- ☐ Universal Credit ☐ Income Support ☐ Job seeker's Allowance  
☐ Pension Credit ☐ Employment and Support Allowance  
☐ Disability Living Allowance/PIP ☐ None  
☐ Other (please specify):

## SECTION 3: EMERGENCY CONTACT

NAME:

RELATIONSHIP TO YOU:

PHONE NUMBER:



## SECTION 4: CONSENT & AGREEMENT

By signing below i confirm that:

- The information provided is true and correct to the best of my knowledge
- I agree to comply with the rules and guidelines of the Diversity House Social Supermarket
- I understand that this membership is subject to review and may be revoked if misused
- I consent to my data being stored securely and used only for the purposes of managing supermarket membership, in accordance to GDPR.

Signature: \_\_\_\_\_

Date:

## FOR OFFICE USE ONLY

Membership ID:

Approved By:

Date approved:

Notes: