


**Please complete and return this form with your  
Membership / Renewal Application Form**

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| <br><br>Dumfries<br>Charity Number SC021683 | <p style="text-align: center;"><b>Dumfries u3a</b></p> <p style="text-align: center;"><b>EMERGENCY CONTACT DETAILS</b></p> |
| U3A Member Name  |  |
| Address  |  |
| Home Tel No  |  |
| Mobile No  |  |
| Name of Person/Persons to be contacted in event of emergency   |  |
| Relationship   |  |
| Address  |  |
| Daytime Tel No   |  |
| Mobile Tel No  |  |

Please state any medical details which we should be aware of in the event of an emergency.  
Is there a medically advised response we should be aware of?

This information will be treated as confidential within the U3A but may be shared with health professionals in the event of an emergency.

Please remember to update any changes.

U3A Member

☐ I consent to my data being used for emergency medical purposes as detailed above.  
.....U3A Member Signature

Members Emergency Contact

☐ I consent to my data being used for emergency medical purposes as detailed above.  
.....Emergency Contact Signature