



MEMBERSHIP FORM

Bristol Older People's Forum (BOPF) & Voice and Influence Partnership (VIP)

Please tick one option:

- New member**
- Existing Member - update details**
- Cancel my membership**

Your details:

Title: First name: Surname

Date of birth (DD/MM/YY):

Partner/spouse (for joint membership)

Title: First name: Surname

Date of birth (Partner/spouse):

Address:Postcode:

Telephone/mobile: Email:

What matters to you - please select your three most important topics

- Air quality
- Climate Change
- Computing/online
- Housing
- Health & Wellbeing
- Social care
- Transport
- Independent living (help to stay at home)
- Participation (work/volunteering/leisure)
- Other.....

Preferences

I/we wish to receive the **BOPF Magazine** by: post email

I/we wish to join the **Friends Ageing Better (FAB) FREE discount scheme** and receive communications from **Age UK Bristol** and **FAB**

I/we agree for you to store and use my/our data for legal reasons associated with the running of the **BOPF Charity, The Care Forum** (lead partner of the VIP), and **Age UK Bristol (FAB)**, and to provide me/us with its services and communications.

You can find our **privacy policy** on our website: www.bopf.org.uk/privacy-policy.

Name:.....**Signature:****Date:**

It would help us if you could fill out the **Equality Data Form** on the back of this page. Though this is not a requirement to becoming a member, equality data is required to ensure we are reaching everyone.

Please **return this form** to our **freepost address:**

FREEPOST RLTY-EHKU-SYXB, BOPF, Canningford House, 38 Victoria Street Bristol, BS1 6BY

BOPF Membership is free, however if you would like to make a **DONATION** you can post a **cheque** made payable to **Bristol Older People's Forum** and use our **freepost address above**. You can also **donate online**: www.bopf.org.uk/donate. **THANK YOU**

BOPF Equality Data

1. What ethnic group do you identify as belonging to

White

English/Welsh/Scottish/Northern Irish/British Irish
Gypsy (including English, Scottish and Roma Gypsy) or Irish Traveller
Eastern European Any other White background _____

Mixed / multiple ethnic groups

White & Asian White & Black Caribbean White & Black African (non Somali)
Any other mixed/multiple ethnic background _____

Asian / Asian British

Bangladeshi Indian Chinese Pakistani
Other Asian background _____

Black / African / Caribbean / Black British

African (non Somali) Somali
Caribbean Other Black / African / Caribbean _____

Other ethnic groups

Arab Kurdish Iranian Turkish Iraqi
Other ethnic group _____
Prefer not to state my ethnic group

2. Do you consider yourself to be a disabled person?

Yes No Prefer not to say

If you identify with any of the groupings below and are happy to let us know please select the ones that apply. This information will help us better understand the needs of those taking part.

Physical impairment Visual impairment Hearing impairment
Deaf BSL user Learning difficulties Mental and emotional distress
Health condition
Other _____ Prefer not to say

3. Do you identify as belonging to a faith group?

Christian Hindu Muslim Jewish Sikh
No religion Other _____ Prefer not to say

4. In relation to your sexual orientation do you identify as:

Asexual Lesbian/Gay Woman Gay Man Bisexual Heterosexual
Other _____ Prefer not to say

5. In relation to your gender identity

Do you identify as: Male Female Other _____ Prefer not to say
Do you identify as the sex assigned at birth? Yes No