Disability Recreation Unity Movement (DRUM)
Registered Charity No. 1044836
Parkgate Community Centre, Southwold Road, Watford, Hertfordshire WD24 7DN
01923 442114 drumwatford@btinternet.com www.drum.btck.co.uk

DRUM MEMBERSHIP & MEDICAL FORM
STRICTLY PRIVATE & CONFIDENTIAL

Full Name: _____Date of Birth: _____/_____/_____

Home Address: _____

_____ Postcode _____

Home Tel No: _____ Mobile No: _____

Email Address: _____

Next of Kin and/or Emergency Contacts

Full Name: _____Relationship to you: _____

Home Address: _____

_____ Postcode _____

Home Tel No: _____ Mobile No: _____

Email Address: _____

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Full Name: _____Relationship to you: _____

Home Address: _____

_____ Postcode _____

Home Tel No: _____ Mobile No: _____

Email Address: _____

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GP/Doctor Information

Name: _____ Surgery: _____

Address: _____

_____ Postcode _____

Surgery Tel No: _____

Please give details of your disabilities

Medication Taken (please list or attach further information on all medication taken)

Do you have any allergies? Yes ☐ No ☐ **If yes, please give further details**

Are you in a wheelchair? Yes ☐ No ☐

If yes, can you transfer from your wheelchair? Yes ☐ No ☐

Do you have a catheter? Yes ☐ No ☐

Signed:_____ Date: _____/_____/_____

The DRUM annual membership is £10 per year, from 1st August – 31st July, members joining half way through the year (or less) will pay £5

Annual Membership Payment Enclosed £_____ cash ☐ cheque ☐

Office Use Only: Form Checked ☐ Payment correct & received ☐ Signed _____