

### Member Assessment/Review and Agreement

Member Name:

Address:

Post Code:

Tel No:

Date of Birth:

Next of Kin Details:

Next of Kin Contact No:

Type of Housing

Date of Assessment / Review:

G.P. Name and Surgery Address:

Post Code:

Tel No:

Social Worker:

Assessed by:

Ward/Area:

Ethnicity:

Borough where Council Tax Paid:

Member Details (Lone Pensioner/Married Couple with medical conditions):
Support From Family/Friends
Life changing events experienced (I.E. Medically/Emotionally)

**Membership Agreement**

I/We, having received read and understood all the details and conditions regarding Wolverhampton Link Line operated by the Parish of Bilston Special Projects Group, hereby apply for Membership. My / Our application is for

Basic Membership  Gold Membership

Our preferred call time is: AM  PM  Weekday only

I/We agree to contribute a subscription of £\_\_\_\_\_per week for membership. This payment to be made monthly/annually\*(unless otherwise agreed)

I/We enclose our initial payment of £\_\_\_\_\_being my/our subscription for one/two month/ year\*

I/We understand that the Senior Citizen Link Line will contact me/us to arrange formal payment arrangements.

I/We understand that this agreement-can be cancelled within 14 days of the date of signing and the initial subscription refunded (subject to use of services).

I/We further understand that termination of my/our agreement can be made at any time by giving 30 days written notice. Link Line will give 30 days written notice of any significant changes to services or that services will cease to be provided.

\* Delete as appropriate

Signed:

Print Name:

Date:

**Banker's Order**

To the Manager:  Bank PLC

Address:

Post Code:  Sort Code:

Account No:

Date:

Dear Sir,

Please arrange for payments to be made, and charged to my account per the following details:

Credit:  Parish of Bilston Special Projects Ref to be quoted:

at: Barclays Bank plc  
 Wolverhampton Queen Square Branch  
 P O Box 5, Queen Square,  
 Wolverhampton WV1 1DS  
 A/c. No: **33292886**  
 Sort Code: **20 97 78**

The Sum of £  Beginning on:

and thereafter on the same day of each month until further notice from me. This supersedes any other payment to the Parish of Bilston Special Projects.

Signature:

Name (Block Capitals):

Address:

Post Code: