

Health & Social Care Partnership Membership REGISTRATION FORM

In Control Scotland exists to promote the development of a comprehensive system of self-directed support in Scotland, where people are supported to take control, make choices and fulfill their roles as citizens. By joining In Control Scotland, you will have the opportunity to find out what is happening in Scotland with self-directed support, share experiences with others, receive invitations to our events including our AGM and receive our newsletter.

Name:				
Position:				
Organisation:				
Address:				
Telephone No:	Email:			
Type of Membership: Associate £750 Full £2,250				
Invoice Details: Please provide details of where invoice should be directed, including name, position and contact details:				
Name:	Position:			
Address:				
Telephone No:	Email:			

receive	all information and circulations s	sent by us, i	pership with In Control Scotland will f you would like others in your provide their contact details below:		
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Additio	onal Organisational Conta	cts:			
Name:		Position:			
Email:					
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Name:		Position:			
Email:					
We would like to become a member of In Control Scotland and consent to In Control Scotland using the information on this form to keep us up-dated about news, events and other items					
regarding self-directed support and other areas of interest					
Signed:		Date:			
Please sen	Please send your completed form to: info@in-controlscotland.org.uk				
In Control Scotland, c/o Neighbourhood Networks, Pavilion 5A, Moornark Court, 25 Days Street, Glasgow, G51 21A					