

EAST LoTHIAN INVOLVEMENT GROUP



Please PRINT your details

Name: -

Address: -
.....

Post Code: -

Tel No: -**Mobile No.**.....

E-mail: -

Upon receipt of membership, you will receive a newsletter at regular intervals; and be invited to attend the ELIG monthly *Service Users' Meetings*. These arenas provide *Service Users'* with the opportunity to explore issues relating to mental health services and gain peer support. You will also be entitled to vote at an *AGM*.

Under the Data Protection Act, I agree that my details will be held by ELIG on a secure database for contact purposes only, and will not be divulged to anyone else without my express permission.

Signed: -

Date: -

Official Use Only
Date Received
Membership Closed: -

Please return completed form to:
East Lothian Involvement Group
C/o Tynepark House
Poldrate
HADDINGTON
East Lothian
EH41 4DA
Tel: 01620 826667
Email: admin@eligadvocacy.org.uk
Web: www.eligadvocacy.org.uk