



Shevington
Community

Pantry

FBC Outlet (Shevington Community Pantry) Membership Form

NAME	
ADDRESS	
TELEPHONE	
EMAIL	

Please indicate number of adults in household _____

Please indicate number of children under 16 in household _____

Please indicate if you are in receipt of Universal Credit (yes or no) _____

RULES

- Membership is one year from joining date.
- Members agree to store products at correct temperature as per guidelines provided.
- Members agree to bring insulated bags to transport chilled or frozen goods home.
- Members agree to use recommended fridge temperature and monitor fridge temperatures
- Only one membership per household.
- Members are permitted 2 visits per week to their registered outlet only, and can join one outlet only. Memberships are transferable between outlets should this be required.
- Members must treat outlet staff and volunteers in a respectful manner.
- Outlet staff reserve the right to refuse entrance to members if behaviour offends either staff, volunteers or other members.
- Strict limits will be placed on goods as per the guidelines provided.

Privacy statement (please tick)

I agree that Shevington Community Pantry has a legitimate interest to store the above data in order to process my membership and that this data will not be shared with any other organisation without my permission, unless required by law. I agree that, if necessary, Shevington Community Pantry may communicate with me via telephone call / text / post (delete where required).

Please print name _____

Please sign _____

Date _____

For office use only: MEMBERSHIP NUMBER _____