

# Rathfriland Sensory Room - Corporate Membership

Organisation Name: \_\_\_\_\_

Name of accompanying worker \_\_\_\_\_

Are you registering for multiple clients? Yes  How Many \_\_\_\_\_ No

First Name	Age	From	Additional need

Does your client/s live in Rathfriland? Yes  No  (If not state above)

How would you like this sensory room to help your client/s develop? \_\_\_\_\_

Can you offer programmes/courses? Yes  No

Work Base Phone Number: \_\_\_\_\_

Work Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I have read and agree to abide by the terms and conditions within the guidance document Yes  No

I would like to become a member of the Steering Committee. Yes  No

Annual Membership fee £10 per client plus £5 per visit (booked monthly)(Can be invoiced monthly/quarterly) Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supplier form to be issued to Rathfriland & District Regeneration Co.**