MEMBERSHIP APPLICATION FORM

Membership of the Gloucestershire Older Persons' Association is free and open to:

- Individuals over 18 years of age.
- Organisations working with and/or supporting older people.

The Gloucestershire Older Persons' Association is a charity (registration number 1124977) and run by a Board of Trustees appointed by the members at the Annual General Meeting.

The objects of the charity are to:

To promote the benefit of older people in Gloucestershire who are affected by the issues of ageing, by associating the local authorities, voluntary organisations and older people in a common effort to provide facilities and services in the interest of social welfare with the object of improving the conditions of life for the said older people.
To advance the education of older people in Gloucestershire through the development of activities that develop individual capabilities, competencies, skills and understanding about the issues of ageing, with the object of improving conditions of life for the said older people.

Your privacy is important to us. We will keep your details secure and only use them for the purpose of the running of the charity such as maintaining a mailing list for Annual General Meetings and other events organised by GOPA as well as enabling us to send information of interest to older people from other organisations.

Your details will not be passed onto other organisations.

Gloucestershire Older Persons' Association
c/o 28 Byfords Close, Huntley, Gloucester GL19 3SA
Registered Charity - Number 1124977
E-mail: Gopa4672@hotmail.co.uk Website: www.GOPA.org.uk

DECLARATION

I wish to apply for membership of the Gloucestershire Older Person's Association.

I am (delete as appropriate):

- An individual over 18 years of age.
- Representing an organisation working with and/or supporting older people.

In applying for membership I agree to support the objects of the Gloucestershire Older Persons' Association.

YOUR DETAILS:

TITLE:

FIRST NAME:

SURNAME:

ADDRESS (including postcode):

NAME OF ORGANISATION (IF APPROPRIATE):

POSITION IN ORGANISATION:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

I AM HAPPY TO HEAR FROM YOU BY (TICK ANY THAT APPLY):

POST		E-MAIL		TELEPHONE	

SIGNED: **DATE:**

Reissued November 2025