

# Membership Form



**Full Name:**

**Date of Birth:**

**Gender:**

**Ethnicity:**

**Email Address:**

**Phone Number:**

**Are you a Great Places resident?**

**Address:**

**Postcode:**

## Financial Situation

**My household is doing well**

**My household is just about managing**

**My household is struggling**

**Would you like to join the food Co-op for an extra £1 per visit?**

Please return the form to  
Morecambe Pantry C/O Memorial Hall, Church Walk, MORECAMBE, LA4 5PR  
or [Pantry@morecambeparish.church](mailto:Pantry@morecambeparish.church)

# Terms and Conditions



**Customers are limited to one visit per week**

**Only 1 person per household can be a member**

**Priority will be given to people within the Poulton area**

**All customers must register on entry**

**Morecambe Pantry reserves the right to revoke membership after four consecutive non-payments**

**Customers are required to observe safety instructions whilst on the premises**