**REGISTRATION FORM UIN Number:**

**Individual Membership** of DECORUM NI is open to anyone who meets the following criteria:

**Ex Service Member** who has served in the Security Forces in NI between 14 August 1969 – 31 July 2007**,** or is **a Family Member** /dependant of someone who served. An **Associate Member** is by invitation by the working committee to individuals who meet the following criteria: Served in the Armed Forces, Police or Prison Service between 14 August 1969 – 31 July 2007 who are domiciled in or strongly linked to NI, can demonstrate a strong connection with the membership during the period 14 August 1969 – 31 July 2007 or Volunteer their services to help Decorum NI. Associate members will be regarded as part of the DECORUM NI family circle.

**Applying for -** Ex Service/Family/Associate Membership (circle)

**Full Name -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Maiden Name (if applicable)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name Known by -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Post Code -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ph Number -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide documentary evidence of service of the person who served when applying for Ex Service or Family Membership. Type of Evidence provided -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We require details of the Service person for the **Ex Service** and **Family Membership** categories:

**Service Number -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Full Name** **-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Service (Police/Armed Forces/Prison Service) -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Armed Forces what Unit/Regt/Sqn/Corp etc -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service - \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Enlistment - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Discharge - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service - \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Enlistment - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Discharge - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are You a Member of any Regt, Police or Prison Service Assoc?-** \_\_\_\_\_\_\_ **If so, Which?**- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are You Registered Disabled? -** \_\_\_\_\_\_\_\_\_ **Do you consider Yourself a Victim of The Troubles? -** \_\_\_\_\_\_\_

(***The Victims and Survivors (Northern Ireland) Order 2006)***

**Declaration –** *I, the undersigned, understand and agree to eligibility checks that may be carried out or supporting documentation that may be requested, to confirm that I meet membership criteria for Decorum NI.*

**Important Information –** *You should be aware that by completing this registration form, you consent to your details being held by Decorum NI. Your details will be held for audit purposes only.*

*We may contact you with information of events and services relating to Decorum NI.*

**Signature -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_