



Barrow & District Disability Association

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Charity Registration No. 513162

ENQUIRY FORM

Contact Details

TITLE Mr Mrs Miss

NAME (in full)

ADDRESS

POSTCODE

E-MAIL ADDRESS

TEL No.

BDDA MEMBER YES NO MEMBERSHIP No
(if known)

Brief details of the enquiry

PLEASE NOTE: *All information will be treated with strict confidentiality.*

OFFICE USE ONLY

Action Taken

Initials