APPLICATION FOR MEMBERSHIP 2025

HEARING LOSS CORNWALL

Charity 218341

Name:	Date :
Membership Level A	Membership Level B
Affiliate membership (Annual Fee : £00,00)	Individual Membership: (By donation)
	Amount £
Your Address:	
Email:	
BACS is our preferred method of payment.	
Bank Details are: Hearing Loss Cornwall	
Barclays Bank Sort Code 20-87-94	
Account No. 50283703	
Payments by cheque are payable to: Hearing Loss Cornwall	
Tho	ank you
We do not send out regular mailings but please feel free	
to ask for any updates, on request.	
	Signature Of member

Hearing Loss Cornwall 3 Walsingham Place Truro 01872 225868 info@hearinglosscornwall.org www.hearinglosscornwall.org

