



APPLICATION FOR MEMBERSHIP

Your name:

Date :

Membership Level (A)

Membership Level (B)

Affiliate membership (Annual Fee : £00,00)

Individual Membership (Annual Fee : By donation)

Your address

Address :

City :

Postal Code :

Email:

Phone

+00

Donations

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

Your signature

We do not send out regular mailings but please feel free to ask for any updates, on request.

Hearing Loss Cornwall
3 Walsingham Place, Truro, TR1 2RP
info@hearinglosscornwall.org
Tel: 01872 225868



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Please print and scan this form and email back or post to our address. Many thanks