

SCIL Downloadable Membership Application Form



I confirm that I am aged 14 years or over and live or work (paid or unpaid) within the geographical boundary of the county of Hampshire.

Surname

Other names

Address

.....

Post code

Phone/ Fax / Minicom textphone(optional)

E-mail (optional)

Do you consider yourself a disabled person?

YES: Confers full membership with the right to vote.

NO: Confers associate membership, with no voting rights.

Membership fees (annual)

If you work: £5.

If you don't work: £2.50.

Please indicate which format you need information sent in:

Standard Print Large Print Audio Tape Braille

Other, please state

(continued on next page)

SCIL Downloaded Membership Application Form continued

SCIL holds member's details on a computer database. This list will not be shared with anyone else and will only be used to distribute SCIL information.

SCIL complies with the Data Protection Act.

I agree with SCIL's aims and wish to become a member.

Please send completed form to us together with your fees (made payable to SCIL) at our FREEPOST address:

Freepost RLTK-XECG-JEJG
Southampton Centre for Independent Living
Unity 12
9-19 Rose Road
SOUTHAMPTON
SO14 6TE Membership