**Membership Application Form**

**Become a member for an annual subscription of £15.**

**To apply fill out your details below and return to: iSightCornwall, The Sight Centre, Newham Road, Truro, Cornwall TR1 2DP.**

**Or apply by phone on 01872 261110.**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Date of birth** |  |
| **Address** |  |
| **Postcode** |  |
| **Email address** |  |
| **Contact number** | **Home………………………..Mobile…………………** |
| **Please tick** | **Registered sight impaired** **Registered severely sight impaired** **Have sight loss but not registered** **Have no sight loss**  |

|  |  |
| --- | --- |
| **Contact** | **Preferred method of contact:****Large print****Email****Telephone**  |
| **Outlook Magazine preferred format** | **Large print magazine****Large print Word document (via email)****Audio CD** |
| **Please confirm your membership:** | **Annual Membership £15****Would you like to gift a donation?****Donation amount: ……………………………………** |
| **Payment** | **Please tick how you would like to pay:****Cheque (payable to iSightCornwall)** **Cash (please pay at the Sight Centre)****Card (please call 01872 261110 for payment)****Online (**[**www.isightcornwall.org.uk/membership**](http://www.isightcornwall.org.uk/membership)**)** |
| **How did you hear about us?** | **Word of mouth Website****Hospital desk Sight Centre visit****Event Radio****Newspaper Social Media****Other: ………….……………………………………………..** |

**Data Protection Act 1998**

**The information supplied on this form will be retained by iSight Cornwall on a secure database. The information may be used to communicate with you and you could be contacted by letter, telephone or e-mail with details of future events organised or promoted by iSightCornwall which may be of interest to you.**

**Signed………………………………………Date……………………………**

**Thank you for your support.**