**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.**

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| **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**  |
| **Outlook Magazine preferred format** | **Large print magazine****Large print Word document (via email)****Audio CD****USB memory stick** |

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| **Please confirm your membership:** | **Annual Membership £15****Would you like to gift a donation?****Donation amount: ……………………………………****I would like to Gift Aid my donation** I’m a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it’s my responsibility to pay any difference.  |
| **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: ………….……………………………………………..** |

**All personal information provided by you will be treated strictly in terms of the Data Protection Act 1998.**

**The information supplied on this form will be retained by iSightCornwall 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. We will not sell your details to any third parties for marketing purposes.**

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