

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 | | | |
| Preferred name | | | |
| Date of birth | | | |
| Address | | | |
| (including | | | |
| postcode) | | | |
| , | | | |
| | | | |
| | | | |
| Email address | | | |
| Contact number | Home | Mobile | |
| Please tick | Registered sight | t impaired | |
| | Registered severely sight impaired Have sight loss but not registered | | |
| | | | |
| | Have no sight lo | ss | |
| Preferred font size | Size 12 font | ☐ Size 18 font | |
| 0.20 | Size 16 font | ☐ Size 22 font | |

| contact method | Letter \Box | Telephone | |
|--|--|---|----|
| | Email \Box | Mobile Phone | |
| Would you like to receive (please tick) | Event invitations | AGM Mailing (your invitation to the event as well as | |
| | Outlook Magazine | instructions on how to vote) | |
| Outlook Magazine | Large print magazine | | |
| preferred format | Large print Word docu | ument | |
| | Audio CD | | |
| | USB memory stick | | |
| Payment type | Cheque (payable to iS | ightCornwall) | |
| | Cash (please pay at th | e Sight Centre) | |
| | Card (please call 0187 | 2 261110 for payment) | |
| | Online (www.isightcornwall.c | rg.uk/membership) | |
| | Standing order (please | e request a form) | |
| _ | mation provided by you Protection Act 2018. | u will be treated strictly | in |
| iSightCornwall on communicate with telephone or e-ma promoted by iSigh | you and you could be il with details of future o | information may be use contacted by letter, events organised or e of interest to you. We v | |
| Signed | D | ate | |