



Scottish Council on Deafness

Do you have any language/communication support needs:

Do you have any access requirements:

Please indicate whether you are:

Deaf BSL user:	<input type="checkbox"/>	Deafblind:	<input type="checkbox"/>
Hard of Hearing:	<input type="checkbox"/>	Deafened:	<input type="checkbox"/>
Hearing with no sight loss:	<input type="checkbox"/>	Hearing with a sight loss:	<input type="checkbox"/>

Section two: How to pay

I enclose a cheque for £20 made payable to Scottish Council on Deafness: Y N
or I would like to set up a Standing Order (quarterly/annually): Y N

Your Bank	
Bank Address	
Account Name	
Account Number	
Sort Code	

Please pay the sum of **£20** to: Scottish Council on Deafness A/C No. **15417160**
The Royal Bank of Scotland Sort Code **83 51 00** on theday of
and **annually** thereafter until further notice
or

Please pay the sum of **£5** to: Scottish Council on Deafness A/C No. **15417160**
The Royal Bank of Scotland Sort Code **83 51 00** on the day of
and **quarterly** thereafter until further notice

Signed..... Date.....

Section three: Disclaimer

SCoD will ensure that the information entered here will be kept private and confidential in accordance with the Data Protection Act 1998.

The applicant declares that, to the best of their recollection, the information provided in this application form is correct and up to date. The applicant understands that any failure to provide correct and up to date details can result in delays in membership acceptance and possibly refusal.



Scottish Council on Deafness

Signed:	
Name of applicant:	
Date:	

Thank you for your application. Please mail this membership application to

Scottish Council on Deafness
The Venlaw Building
C/o ALLIANCE
349 Bath Street
Glasgow
G2 4AA

or email a copy to admin@scod.org.uk

Telephone: 0141 248 2474 ~ Textphone: 0141 248 2477 ~ SMS: 07925 417338

or fill in the form and give it to a member of the SCoD staff along with £20.

[For Office Use: Staff Signature.....Date.....]



Receipt for cash payment of £20

..... has paid SCoD

on.....date at

.....(event/address) for Individual

Associate Membership.

Signed for SCoD.....

Print Name.....

Date.....