



Scottish Council on Deafness

Full Membership Application

Thank you for your interest in becoming a member of the Scottish Council on Deafness (SCoD).

Full Member Benefits

- Full Members make up the National Council and s such have full voting rights at National Council meetings, EGMs and AGMs
- Only Full Members can nominate individuals to stand for election to the SCoD Board
- Two e-Bulletins filled with information every month
- Other publications like newsletters, conference reports and election manifestos
- Invitations to our meetings and AGM
- The opportunity to take part in our work
- The opportunity to shape government policy at a national and local level
- The opportunity to represent SCoD at events and on groups and networks
- Access to useful networks that can provide information, support or services
- Discounts for SCoD events, conferences and training.

For membership fees, see table below and indicate appropriate band

Band	Income/Turnover	Fee
1	Up to £50,000	£50
2	Up to £100,000	£100
3	Up to £250,000	£125
4	Up to £500,000	£150
5	Up to £1 million	£200
6	Over £1 million	£300

Section one: Membership type

1 – I wish to apply for:

Full membership of SCoD:

Section two: Organisation details

2 – Please enter the contact details for your organisation (or your organisation's Scottish office) here:



Scottish Council on Deafness

Name of organisation:

Chief Executive/
Director/ Manager:

Address line one:

Address line two:

Town/City:

Postcode:

Telephone:

Textphone:

Mobile:

Fax:

Email address:

Website:

3a If applicable, please provide the contact details for your Chair/Convenor of Board:

First name	Last name	Email address

4 – Please enter here the contact details of who you want to nominate to formally represent your organisation at the SCoD AGM and National Council meetings:

First name:

Surname:

Job title:

Telephone:

Textphone:



Scottish Council on Deafness

Mobile:

Fax:

Email address:

Language/communication
Support/Access needs:

5 – Please indicate whether your organisation's nominated representative is:

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 sight loss:	<input type="checkbox"/>

6 – What Sector is your organisation based in?

Public: Private: Third:

7a – What is your organisation's stated purpose?

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7b – What kind of services does your organisation provide for deaf people, if any?
For example social work, interpreting, accessible information, etc.



Scottish Council on Deafness

7c) If applicable, please indicate approximate numbers of people who are deafened, deafblind, hard of hearing or Deaf BSL users who use your service(s)?

Deafened:	<input type="text"/>	Deafblind:	<input type="text"/>
Hard of Hearing:	<input type="text"/>	Deaf BSL Users:	<input type="text"/>

8 – Please tick all that apply to your organisation:

Charity:	<input type="checkbox"/>	Voluntary Association:	<input type="checkbox"/>
Registered Company:	<input type="checkbox"/>	ALIO:	<input type="checkbox"/>
SCIO:	<input type="checkbox"/>	Public body:	<input type="checkbox"/>

Other (Please specify):

9 – Please enter any of the following if applicable:

Scottish Charity Number:

Registered Company Number:

10 – How many of each of the following do you employ:

Full time staff (35+ hours):

Part time staff (Less than 35 hours):

Volunteers (Excluding Management Committee/Board members):

Management Committee/Board members:

11 – What is the geographical extent of your activities (Tick all that apply)?



Scottish Council on Deafness

Aberdeen City Council	<input type="checkbox"/>	Comhairle nan Eilean Siar	<input type="checkbox"/>	Renfrewshire Council	<input type="checkbox"/>
Aberdeenshire Council	<input type="checkbox"/>	Falkirk Council	<input type="checkbox"/>	Scottish Borders Council	<input type="checkbox"/>
Angus Council	<input type="checkbox"/>	Fife Council	<input type="checkbox"/>	Shetland Islands Council	<input type="checkbox"/>
Argyll & Bute Council	<input type="checkbox"/>	Glasgow City Council	<input type="checkbox"/>	South Ayrshire Council	<input type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>	Highland Council	<input type="checkbox"/>	South Lanarkshire Council	<input type="checkbox"/>
Dumfries & Galloway Council	<input type="checkbox"/>	Inverclyde Council	<input type="checkbox"/>	Stirling Council	<input type="checkbox"/>
Dundee City Council	<input type="checkbox"/>	Midlothian Council	<input type="checkbox"/>	West Dunbartonshire Council	<input type="checkbox"/>
East Ayrshire Council	<input type="checkbox"/>	Moray Council	<input type="checkbox"/>	West Lothian Council	<input type="checkbox"/>
East Dunbartonshire Council	<input type="checkbox"/>	North Ayrshire Council	<input type="checkbox"/>	Scotland wide:	<input type="checkbox"/>
East Lothian Council	<input type="checkbox"/>	North Lanarkshire Council	<input type="checkbox"/>	UK wide:	<input type="checkbox"/>
East Renfrewshire Council	<input type="checkbox"/>	Orkney Islands Council	<input type="checkbox"/>	International:	<input type="checkbox"/>
Edinburgh City Council	<input type="checkbox"/>	Perth & Kinross Council	<input type="checkbox"/>		<input type="checkbox"/>

12 – Would you like to receive an invoice for your membership payment?

Yes:

No:

13 – If you answered yes to question 12, please enter a postal address for the invoice to be mailed to **if it is not the same as either your organisation's or your nominated contact's work postal address:**

Address line one:

Address line two:

Town/City

Postcode:



Scottish Council on Deafness

Note for first time applicants only: In order to process your application, it would be helpful to have a copy of your organisation's most recent audited annual accounts. Also, if possible, a copy of your organisation's founding document: e.g. Constitution, Memorandum and Articles of Association, etc.

Section three: Fee type and payment

16 (a) Please indicate whether you have paid by cheque, by BACs or wish to set up a standing order (See form on next page):

Cheque:

BACs:

Our bank account details for BACs payments are:

Bank:	The Royal Bank of Scotland
Account name:	Scottish Council on Deafness
Sort code:	83 51 00
Account number:	15417160

Signed:

Date:
