

Home Counties Cochlear Implant Group Membership Form



Surname :

Address :

Postcode :

Tel :

Fax :

Mobile :

Textphone :

Email :

Specify any special needs for meetings. E.g. access, loop, signer, speech to text.

The following questions help us with funding applications to help us provide the communication equipment our group needs, hire of premises etc.

Your local Health Authority:

Make & model of implant:

Year:

Are you:

<input type="checkbox"/> I have a cochlear implant	<input type="checkbox"/> My child has a cochlear implant
<input type="checkbox"/> I am thinking about having an implant	<input type="checkbox"/> I am a family or friend of an implantee
<input type="checkbox"/> Other Reason (please state):	<input type="checkbox"/> I am waiting for a cochlear implant

Membership Fees

Individuals £10 per year
Families £15 per year

Couples £12 per year
Corporate £20 per year