

I/We would like to join DELTA and confirm that I/We fully support DELTA's mission to help deaf children learn to listen and talk through the Natural Aural Approach and its associated research, training and information activities.

I am/We are over the age of 16 years.

Signed.....	Signed.....
Name.....	Name.....
Address.....	
.....	
Postcode.....	
Email.....	
Date.....	

Please select your membership subscription choice

- Individual £7.50 per quarter (£30 per year)
- Joint £10.00 per quarter (£40 per year)
- Concession £3.75 per quarter (£15 per year)
(Concessions apply to anyone not in receipt of a regular wage)
- Or alternatively £..... per *Month/Quarter/Year

The membership year runs from 1st January and members are entitled to attend and vote at general meetings.

Gift Aid Declaration (please tick box)

- I want DELTA to reclaim the tax on this subscription. I understand I must pay income tax or capital gains tax equal to the tax thereby reclaimed.

Note the membership benefits and liabilities contained in the Memorandum of Association (www.deafeducation.org.uk/governance/delta-memo.pdf)

Please return form to;

DELTA, The Con Powell Centre, Alfa House, Molesey Road, Walton on Thames, Surrey, KT12 3PD

Membership No. M	(for office use)
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Membership Form
Helping deaf children to listen and talk

To the Manager

Name of Bank:.....
 Address:.....

 Postcode.....

Please pay: CAF Bank, Kings Hill Avenue, West Malling, Kent ME19 4JQ
For the credit of:
 Deaf Education through Listening and Talking. Charity No.1115603
 Sort Code - 40-52-40 Account Number - 00018664

Please select your membership subscription choice
Starting from 01/__/20__ until further notice
 A quarter is 1st January, 1st April, 1st July, 1st October

- Individual £7.50 per quarter
- Joint £10.00 per quarter
- Concession £3.75 per quarter
(Concessions apply to anyone not in receipt of a regular wage)
- Or alternatively £.....
per *Month/Quarter/Year— *delete as applicable

Details of Account to be debited:

Sort Code: - -

Account No:

Signed.....
 Name Mr/Mrs/Ms
 Address.....

 Postcode.....

Please quote Reference: M
 (for office/bank use) **This mandate replaces all others in favour of DELTA**



Standing Order Form