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| --- |
| Please indicate membership type |
| **Full** | **Associate** | **Student** |
|  |  |  |
| **Name:** |
| **Address:** |
| **Mobile number: Home number:** |
| **Email address:** |
| FULL MEMBERS ONLY: |
| **Would you like to advertise on the ALS website? Yes / No**Address will not appear on the website.  |
| **Website Profile:**Please give a short description about yourself and the service you provide. Attach a **passport** **size photograph** for the website. |
|  |
| **NRCPD Registered?**  Yes / No **Expiry date:** |
| **Lipspeaking and other related qualifications** *(eg Deafblind, Notetaking, BSL level 1-6):* |
| I understand to abide by the code of practice for lipspeakers. I agree that the above information may be kept on file in conjunction with ALS data protection policy.  |
| **Signed:**  | **Date:** |
| **Return by email to:** alsmembership@lipspeaking.co.uk |
| FOR OFFICE USE ONLY : Subscription Paid App Form DPForm Photo  |



Membership Form