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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