

Membership Form



*Association of
Lipspeakers*

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

N.B. 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: alsinfo@lipspeaking.co.uk

FOR OFFICE USE ONLY : Subscription Paid App Form DPForm Photo