



deaf education through
listening and talking

Membership Form

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 _____ Name: _____ Date: _____

Signed _____ Name: _____ Date: _____

Address _____ Postcode: _____

Email: _____ Telephone number: _____

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) Or alternatively £..... per *Month/Quarter/Year
(Concessions apply to anyone not in receipt of a regular wage)

The membership year runs from 1st January and members are entitled to attend and vote at general meetings. Please note the membership benefits and liabilities contained in the Memorandum of Association (www.deafeducation.org.uk/governance/delta-memo.pdf)

Gift Aid Declaration I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to DELTA. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signed _____ Name: _____ Date: _____

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. Sort Code - 40-52-40 Account Number - 00018664

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) Or alternatively £..... per *Month/Quarter/Year
*A quarter is 1st January, 1st April, 1st July, 1st October

Starting from* 01/___/20__ until further notice Please date allowing at least 4 weeks to process

Details of Account to be debited: Sort Code: ____ - ____ - ____ **Account No:** _____

Signed..... Date.....

Name Address.....

..... Postcode.....

This mandate replaces all others in favour of DELTA

DELTA reference membership number: M_____

Please return form to DELTA, 83 Sherwin Road, Nottingham, NG7 2FB
T 0300 365 7200 E enquiries@deafeducation.org.uk W www.deafeducation.org.uk
Charity No: 1115603 Reg. Company: 5698173