\*Please complete and return to reception

MDC Membership Form

|  |
| --- |
| Surname: |
| Forename(s): | Preferred Name (if applicable): |
| Title: | Male / Female/ Prefer not to say  |
| Contact Information |
| House Number: |
| Postcode: |

|  |  |  |
| --- | --- | --- |
| Preferred Mode of Communication: |  British Sign Language (BSL) Sign-Supported English (SSE) Oral (speech/lipreading) |  Deaf-blind manual BSL Visual Frame Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Preferred method of communication:

Text Email Videophone Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If you tick a box, please provide the email address or phone number \_\_\_\_\_\_\_\_\_

I give consent to be photographed by Manchester Deaf Centre for fundraising, publicity or other purposes to help achieve the group’s/Centre’s aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Yes No

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_