

RNID membership application form

Join RNID

Be part of the largest deaf and hard of hearing charity in the UK

A. Your details

To join, please fill in this form (using a ballpoint pen) and send to:
RNID Membership, FREEPOST, LON13186 London, EC1B 1AL

Title _____ First name _____

Surname _____

Address _____ Postcode _____

Email _____

Telephone _____ Textphone _____

Please tick here if you would like to receive emails from us, including your membership email.

This information will be used to process your membership application. We may pass it on to other RNID departments. Please tick this box if you would prefer us not to do so.

Occasionally we may pass your details to carefully selected, like-minded organisations. Please tick this box if you would prefer us not to do so.

B. Membership rate

I'm retired or unwaged

Please accept my annual payment of

£15 by cheque/PO/credit card
(go to section 1 or 2)

£12.50 by direct debit
(go to section 3)

I'm in full-time employment

Please accept my annual payment of

£22 by cheque/PO/credit card
(go to section 1 or 2)

£17.50 by direct debit
(go to section 3)

Membership Services

Tel/textphone **0845 634 0679**

Fax **0845 634 0689**

membership@rnid.org.uk

Please turn over

