

MEMBERSHIP APPLICATION



APPLICATION FOR MEMBERSHIP 2010

Please return form by email to: admin@shif.org.uk or by post to:
SHIF, c/o Centre for Brain Injury Rehabilitation, Royal Victoria Hospital, Jedburgh Road, Dundee DD2 1SP

MEMBERSHIP TYPE (please tick)

Person with ABI/carer	FREE	<input type="checkbox"/>
Individual inc. 3 free places at Open Forum Meetings	£60	<input type="checkbox"/>
Organisational inc. 6 free places	£120	<input type="checkbox"/>
Organisational inc. 9 free places	£170	<input type="checkbox"/>
Organisational inc. 12 free places	£220	<input type="checkbox"/>

MEMBER DETAILS

Name _____

Organisation _____

Mailing address _____

Email address _____

Telephone _____

PAYMENT DETAILS

I enclose payment **yes/no** (please make cheques payable to SHIF and post to address above)

Or, please invoice:

Name _____

Address _____

Thank you for your support. We will acknowledge your application on receipt and will send your/your organisation's membership card within two weeks.