



MEMBERSHIP FORM

1Voice-Communicating together
 Network and support for children,
 adults and families who use
 communication aids

1Voice - Communicating Together, Charitable Company Ltd by Guarantee,
 company number 7480160, registered charity number 1141886.



Post: 1Voice, PO Box 600
 Chorley PR6 6JR
Email: info@1voice.info
Telephone: 0845 330 7862
Website: www.1voice.info

Section 1	About You					
Name <small>(Mr, Mrs, Miss, Ms)</small>						
Telephone No	Mobile		e-mail			
May we have your permission to send you information by: <i>(please tick or indicate yes for all that apply)</i>		Email?	Post?	Text?	Phone?	
Address						
County		Postcode				
Where did you hear about 1Voice?						
In what capacity are you applying for membership? (please tick below as appropriate)						
Parent	Carer	Family Member	AAC User (under 18)	Adult AAC user (over 18)	Volunteer	Professional
<i>If you have ticked family member or AAC user please continue from Section 2. If you have ticked Volunteer or Professional, go to Section 5.</i>						
Section 2	Further Information on young AAC user or Adult AAC user					
Name						
Gender:	Male		Female		Age:	Date of birth:
If applying as a parent/carers does your child or young person have siblings? If yes, how many?			Brothers		Sisters	
Siblings DOB:						

<p>If applying as an AAC user 16yrs old or above and you are interested in becoming a 1Voice role model please tick the appropriate box</p>	<p>I am already a 1Voice Role Model</p>	<p>I am already a 1Voice Junior Role model</p>	<p>I am not a 1Voice Role model but would like more information.</p>
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Section 3	About the young AAC user
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The next section will provide us with useful information for events. Please complete as much or as little as you wish.

<p>You can give us more information about your child in this space if you wish.</p>	<p>For example hobbies, interests, website address</p>	<p>For example favourite game, film, music</p>
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Section 4	<p>If you are an adult AAC user applying, you may wish to give us a little information about yourself in this space. If you would like to be a volunteer please also fill in section 5</p>
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Section 5	If you are applying as a professional or volunteer
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<p>Are you working in the field of AAC?</p>	
<p>What is your interest in AAC</p>	
<p>What skills can you offer to support our work with families?</p>	
<p>Would you be interested in helping to run 1Voice events/be on a committee/help with the general running of the</p>	

organisation?	
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Section 6	About 1Voice Branches and Volunteers
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Are you already a branch Officer or committee member?		Are you interested in becoming a volunteer and supporting a branch?	
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Are you a member of your local branch?		Please give some more detail about how you would like to become a volunteer for 1Voice	
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If not, would you like us to share your contact details with your local branch? (please delete as appropriate)	YES NO	Please give some more detail about how you would like to become a volunteer for 1Voice	
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Would you like to speak to someone about setting up a branch or social group in your area?			
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Please use this box to give us any further information which you think may be useful:

Data Protection
 1Voice will hold this information on a password protected database and will not share the information with any other outside organisations.

By signing the application you agree for 1Voice to hold this information securely and only share with the local branch if indicated above.

Member's SignatureDate

Ethnic Monitoring

White British	<input type="checkbox"/>	White/Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Other White	<input type="checkbox"/>	White/Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Other	<input type="checkbox"/>

Membership Fees and Payment

Membership of 1Voice costs £5 per year and this will be due April of every year.

All applications from September 2011 to 30th March 2012 fee is only £3.50

Please complete below as appropriate:

I enclose cheque payable to 1Voice- Communicating Together	
I wish to pay by bank transfer	

Send your completed membership form to:

Gaynor Dale
MEMBERSHIP
1Voice
PO Box 600
CHORLEY
PR6 6JR

For office use only:

Date received	
Confirmation sent	
Included on database	