



## Membership Application Form

**Names:** ..... **Date of Birth's** ..... No .....

..... No .....

**Address:** .....

.....

**Postcode/Zip Code:**.....

**Fax No.:** .....

**Email address\*** .....

\*Note: The BDHS is building up a email database to simplify circulation of information, including meeting papers, e-newsletters etc.

I wish to apply for membership of the British Deaf History Society as follows:  
*Please tick ✓ as appropriate:*

Retired Couples Membership Fee £18.00

Individual Membership Fee £10.00

***I wish to enquire about Life Membership\****

\*Note: If you decide to take up Life Membership within three months of paying any of the above subscription fees, the amount you have already paid will be deducted from the Life Membership Fee.

**Please return this form with your cheque to:**

**BDHS  
11-13 Wilson Patten Street,  
Warrington, WA1 1PG**

*Payment may also be made by credit/debit card (VISA/MASTERCARD only); card details including the number, date of expiry, card security number (on the back on the signature strip) may be written on the back of this membership application and posted to the above address or faxed to 01606 593142.*