



## APPLICATION FOR LIFE MEMBERSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please accept my application to be a Life Member of the British Deaf History Society. I enclose my cheque for £200\* in payment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please make the cheque payable to British Deaf History Society and return this form together with the cheque to:

**BDHS  
Membership Section  
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.*