**CHESTERFIELD & NORTH DERBYSHIRE TINNITUS SUPPORT GROUP**

**34 GLUMANGATE, CHESTERFIELD, S40 1TX**

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| **SUBSCRIPTION FORM FOR NEW MEMBERS** |

I wish to **join** the Chesterfield & North Derbyshire Tinnitus Support Group and enclose my subscription as follows:-

|  |  |  |  |
| --- | --- | --- | --- |
| Membership Category | Rates | £ | P |
| **Membership of Support Group**  | **£10.00** |  |  |
|  |  |  |  |
| **Donation** It is your generous donations that enable the group to continue its work in providing help and information to all who need support |  |  |  |
| **TOTAL AMOUNT ENCLOSED** |  |  |  |
| **Membership Details** | **PLEASE PRINT BELOW CLEARLY** |
| Surname Please State: **(Mr/Mrs/Ms/Rev/other)** |  |
| First/Forenames(s) |  |
| Address |  |
|  |  |
|  |  |
| Post Code |  |
| **Telephone Number****E-mail Address** |  |
| **Date** |  |
| The following information is requested as part of the group’s monitoring process and is given on a voluntary basis |
| Age Group | Under 20 | 20 – 35 | 35 - 50 | 51 – 64 | 65 and over |
| Please Tick→ |  |  |  |  |  |

A couple living at the same address and receiving one copy of the Newsletter, will be covered by a single subscription. If paying by cheque please make payable to:-

**CHESTERFIELD TINNITUS SUPPORT GROUP**

and return, together with your completed Renewal form to the:-

**CHESTERFIELD & NORTH DERBYSHIRE TINNITUS SUPPORT GROUP**

**34 GLUMANGATE,**

**CHESTERFIELD, S40 1TX**

[No official confirmation will be sent out but receipt of our Group Newsletter will be proof of acknowledgement of your subscription]

**For Office Use**

|  |  |  |
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| **Date Received:** | **Date updated Database:** | **Other:** |