

Professional Membership Form (for news and information)

First name(s) _____ Surname _____

Organisation _____

Your professional role _____

Address _____

Area of Borough _____ Postcode _____ Date _____

Telephone _____

Email _____

(Please print clearly!)

Please tick here if you are happy to receive your Newsletter by email
(this saves resources and postage costs)

Any other information (please indicate if you there is anything you think you'd like to do or have an area of expertise in, to help with the group; continue overleaf if needed):

FEES

Professional individuals, organisations or educational establishments: £15 per year
(please nominate a lead person to receive newsletter and bulletins).

Please make cheques or postal orders payable to SIGNAL Family Support Ltd.

Alternatively, you may pay by direct transfer or standing order to our account as follows:

Bank: The Co-operative

Account name: SIGNAL Family Support Ltd

Sort code: 08-92-99

Account number: 65476132

**Please return this form to: Candida Miles, SIGNAL Membership Secretary
c/o Hatcham Oak Children's Centre,
29 Wallbutton Rd, London SE4 2NX**

Signed: _____

By signing this form, you are providing consent for us to keep your details on our secure membership database.
We do not disclose your personal details other than as required for the effective functioning of the group.
Our Data Protection Policy is available on request or via our website (address at top of page).