

Hearing Voices Network: Membership Form

To join, please print off this form, complete & return to:
 Hearing Voices Network (HVN), c/o Sheffield Hearing Voices Network
 Limbrick Day Service, Limbrick Road, Sheffield, S6 2PE

I would like to join renew my/our membership

Name:

Address:

Postcode: **Date:**

Please tick type of membership required

Individual:		Organisation:	£40	<input type="checkbox"/>
Waged	£10			
Unwaged	£10	Groups:		
People in secure settings	Free	Funded	£40	<input type="checkbox"/>
Children (under 16)	Free	Self-funded	£20	<input type="checkbox"/>

Method of payment please tick appropriate box

Cheque P.O. Cash Standing Order see below

Please make cheques payable to Hearing Voices Network

The above prices apply to the UK only. If you live outside of the UK and wish to become a member of HVN please email us at – nhvn@hotmail.co.uk

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If you would like to ensure your membership is renewed each year please fill in the following standing order mandate and **return it to your bank.**

STANDING ORDER MANDATE

To the manager

Name of your bank:

Address of Bank:

Sort Code

Account number:

Please pay the sum of £ _____ yearly to the account of:

The Hearing Voices Network 08-92-99 65130067

The Cooperative Bank plc, PO Box 250, Skelmersdale, WN8 6WT

Signed: Date: