

APDUK
Membership Application Form

**Please fill in Sections A and B of the Application Form
Section C is optional**

***Supplementary Family Form**

Please delete as appropriate and tick the selection box of your choice

SECTION A

I am / We are applying for

Individual Membership	£5.00	<input type="checkbox"/>
Family Membership*	£7.50	<input type="checkbox"/>
Concessionary Membership	£2.00	<input type="checkbox"/>
Professional Membership	£10.00	<input type="checkbox"/>

of Auditory Processing Disorder In the United Kingdom (APDUK).

Please make out all cheques to " APDUK"

Name	
Address 1	
Address 2	
Town	
County	
Post Code	
Tel No	
Email	

Please select your preference regarding how we can contact you.

Please tick preferred options :-

Post	<input type="checkbox"/>
Email	<input type="checkbox"/>
Telephone	<input type="checkbox"/>

SECTION B

I am / We are interest in APD for one or more of the following reasons
Please tick the relevant box(es) which apply to you

<input type="checkbox"/>	I think I may have APD
<input type="checkbox"/>	A young member(s) of my family may have APD
<input type="checkbox"/>	An adult member(s) of my family may have APD
<input type="checkbox"/>	I am interested in Support for Families coping with APD
<input type="checkbox"/>	I am interested in issues relating to APD and the Education System
<input type="checkbox"/>	I am interested in issues relating to APD and Employment
<input type="checkbox"/>	I have a professional interest in APD

Section C

Do you have any expertise and / or knowledge that could assist APDUK ?

If yes please specify:

In order to assist with our future planning we would welcome your thoughts on what you would wish to gain from membership of APDUK ?

Supplementary Family Membership Application Form

Please list the names of the family members and their relationship, on the grid below.

X	Name	Relationship	Suffers from APD	Other Disabilities
1				
2				
3				
4				
5				
6				
7				

Please send the completed form, together with a cheque to :

**Mr. Mark Mitchell
Membership Secretary
APDUK
c/o Dacorum CVS,
48, High Street,
Hemel Hempstead,
Herts,
HP1 3AF**