



Tees Valley, Durham &
North Yorkshire

Membership Application Form
Valid until November 2008

We / I would like to become;

A Full Member £ _____

An Associate Member £ _____

We / I would like to make a donation £ _____

Total £ _____

Name of Group Representative
Or Individual Applicant:

Group or Organisation name:

Address:

Reason for joining:

Telephone:

Email:

Signed:

Date:

Terms and Conditions:

Full Membership Includes voting rights and is open to local groups and organisations representing people with neurological conditions.

An individual who has no local organisation for their neurological condition already representing them on the Tees Valley, Durham and North Yorkshire Neurological Alliance may join as a full member with voting rights.

Associate Membership is available to all health and social care professionals. Associate members do not have voting rights.

All rights protected under the Data Protection Act 1998

Annual Membership fees

Groups	= £25
Individuals	= £10
Associate	= £5

Payable to;

Neurological Alliance TVDNY

Mrs Joanne L Cole
84 Acklam Road
Thornaby
Stockton-On-Tees
TS17 7HD

T; 01642 641825
E; jo.cole123@ntlworld.com
W; enquiries@neurologicalalliancenortheast.org.uk