



# Sense membership

Becoming a member of Sense is about belonging. It is the chance to join a friendly vibrant community that is determined to build a better future for older people with sight and hearing loss. You will be kept up to date with the latest developments in the deafblind field and offered other excellent benefits – such as access to the members-only section of the Sense website.



Membership brings a wide range of benefits, including the right to borrow books from our specialist library, receive our magazine *Talking Sense* and vote at our AGM.

**Sense Membership costs  
just £15 per year!**



# Membership benefits

As a valued Sense member you will receive the following Sense benefits:



- Our Membership Welcome Pack including information on Sense and how to get involved, a comprehensive list of Sense publications, a badge and much more.
- *Talking Sense* delivered to you three times each year, in your format of choice.
- Information about technology and equipment issues for older people with sight and hearing loss through Sense's dedicated worker.
- Up-to-date information on our work and deafblindness.
- The chance to attend conferences and events.

“My father was about 75 when he started to lose his sight and hearing. I wish I had known that there is information available from Sense to help family members who care for older people with sight and hearing loss.”

**Stephanie Beacham**



- The possibility of influencing our work through campaigning consultations on issues relevant to carers of older people with sight and hearing loss.

- Exclusive access to the members-only section of the Sense website featuring discussion boards allowing carers to share information with each other.



- The right to borrow books and resources from Sense’s specialist library on deafblindness.
- Eligibility to vote at the AGM and elect Trustees.



**“Join us today and together we can build a better future for deafblind people”**

# Tell us about yourself

- If you would like to join as a family please tick here. This entitles you to one set of benefits, including one right to vote at our AGM. Please give us the names of your family members.

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Mr/Ms/Mrs/Other

Surname

First name(s)

Address

Postcode

Telephone/minicom

Fax/email

I/we would describe myself/ourselves as a:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> person with a sensory impairment | <input type="checkbox"/> carer        |
| <input type="checkbox"/> parent                           | <input type="checkbox"/> professional |
| <input type="checkbox"/> Sense employee                   | <input type="checkbox"/> volunteer    |
| <input type="checkbox"/> other (please specify)           |                                       |

Please send me information in the following format:

- |  |  |
|--|--|
| <input type="checkbox"/> Standard print                                  | <input type="checkbox"/> Large print (14 point bold) |
| <input type="checkbox"/> audiotape                                       | <input type="checkbox"/> CD Rom                      |
| <input type="checkbox"/> Braille   | <input type="checkbox"/> audio cd                    |
| <input type="checkbox"/> by email (please list your email address above) |  |
| <input type="checkbox"/> other (please specify)                          |  |

- Tick here if you would like the enlarged (A3) full colour version of *Talking Sense*.

# Payment choices

Membership costs £15. Please tick your choice of payment.

## 1 By direct debit

Please fill out the direct debit request form enclosed with this leaflet

## 2 By cheque

I enclose a cheque made payable to 'Sense'

## 3 By credit card

I authorise payment from my Mastercard/Visa card/Amex

(please indicate which) \_\_\_\_\_

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Start Date for Maestro cards

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Issue number, if applicable

<input type="text"/>	<input type="text"/>
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Expiry date: (month/year)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of cardholder (please print):

\_\_\_\_\_

Signature:

\_\_\_\_\_

## 4 If you are on a low income or benefits

Please tick here if you would like free membership.

## 5 Donation

I would like to make an additional donation of £ \_\_\_\_\_ to Sense.

(Please make cheques payable to 'Sense')

### Gift Aid

I would like Sense to treat all subscriptions/donations from the date of this declaration onwards (until I notify you otherwise) as Gift Aid Subscriptions. Please tick.  Date: \_\_\_\_\_

(you must pay an amount of tax/capital gains at least equal to the amount of tax Sense reclaims on your subscription in the tax year).

Your information will be held on our membership database so we can contact you with further relevant information about Sense. This information will not be shared with external organisations.

Please return this form in an envelope to:

**The Membership Team, Sense**  
**FREEPOST Lon 11889, London N4 3BR**

### **Sense**

11 – 13 Clifton Terrace, London N4 3SR

Tel 0845 127 0060 Text 0845 127 0062 Fax 0845 127 0061

Email: [members@sense.org.uk](mailto:members@sense.org.uk)

[www.sense.org.uk](http://www.sense.org.uk)

Company No 1825301 Charity No 289868

Patron: Her Royal Highness The Princess Royal

Please fill in the whole form and send it to:  
**Sense, FREEPOST LON11889 London N4 3BR**

► **Instruction to your Bank or Building Society  
to pay by Direct Debit**

Originator:

Reference:

Name(s) of Bank Account Holder(s):

Bank/Building Society Account Number:

Branch Sort Code

Name and full postal address of your Bank or Building Society

Name:

Address:

Postcode:

**Instruction to your Bank or Building Society**

Please pay Sense Direct Debits from the account detailed in this Instruction subject to safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Sense and if so, details will be passed electronically to my Bank/Building Society

Signature(s):

Date:

Banks and Building Societies may not accept Direct Debit instructions for some types of account.



## **The Direct Debit Guarantee**

**This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank and Building Society.**

**If the amounts to be paid or the payment dates change, Sense will notify you 14 working days in advance of your account being debited or as otherwise agreed.**

**If an error is made by Sense or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.**

**You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.**