



Membership Application Form

Reach Head Office
PO Box 54, Helston, TR13 8WD
Telephone 0845 1306225 Fax 0845 1300262
Registered Charity **278679**



The Association for Children with Hand or Arm Deficiency

Membership is open to parents or guardians of children with hand or arm deficiencies and to professionals, relatives or other individuals who may be interested in supporting 'Reach' in its work.

- The Annual Membership Fee is £25 per year
- All members receive the quarterly newsletter 'Within Reach' and access to all publications and information held by the Association.
- Members' children are automatically registered as junior members and no separate subscription is required.
- Under the present constitution one membership fee allows for one vote. If both partners feel they may wish to register votes on constitutional matters they should consider two subscriptions.
- Membership of families with affected children is considered more important than **the subscription. If you have difficulty in paying - please let us know.**

MEMBERSHIP APPLICATION FORM

Information About You (please include both parents if joining on behalf of a child)

SURNAME

CHRISTIAN NAMES MR

RELATIONSHIP TO CHILD - if approp

MRS/MISS/MS

RELATIONSHIP TO CHILD - if approp

FULL ADDRESS

POSTCODE

TELEPHONE NO:

E-MAIL:

PROFESSIONAL DETAILS
IF APPLICABLE

Where did you find out about Reach?

**Annual Membership fee:
£25.00 IN STERLING PLEASE**

Cheques/PO should be payable to 'Reach'

Please return form to Head Office

Information About the Person with Limb Deficiency (if applicable)

FULL NAME

DATE OF BIRTH

NAME of centre dealing with the limb deficiency

ADDRESS of centre

POSTCODE

WHICH HAND/ARM IS AFFECTED Left Right Both

Please describe below what the hand/arm looks like and its function

- the diagram on the following page may be of assistance
- a photo is always helpful

Please answer the following by indicating Yes or No as appropriate.

Is there any other birth defect?	YES / NO
If yes has it been named?	YES / NO
Has surgery been offered?	YES / NO
Has surgery been undertaken?	YES / NO
Have artificial limbs/devices been offered/supplied?	YES / NO
Is surgery planned?	YES / NO

Would you be willing to be contacted by other members of 'Reach' whose children have similar problems to yours? YES / NO

Please give more details about other birth defects, artificial limbs or surgery if you answered Yes to any questions above:

Do you have other children? YES / NO

If Yes, please list giving the dates of birth

NAME

DATE OF BIRTH

NAME

DATE OF BIRTH

NAME

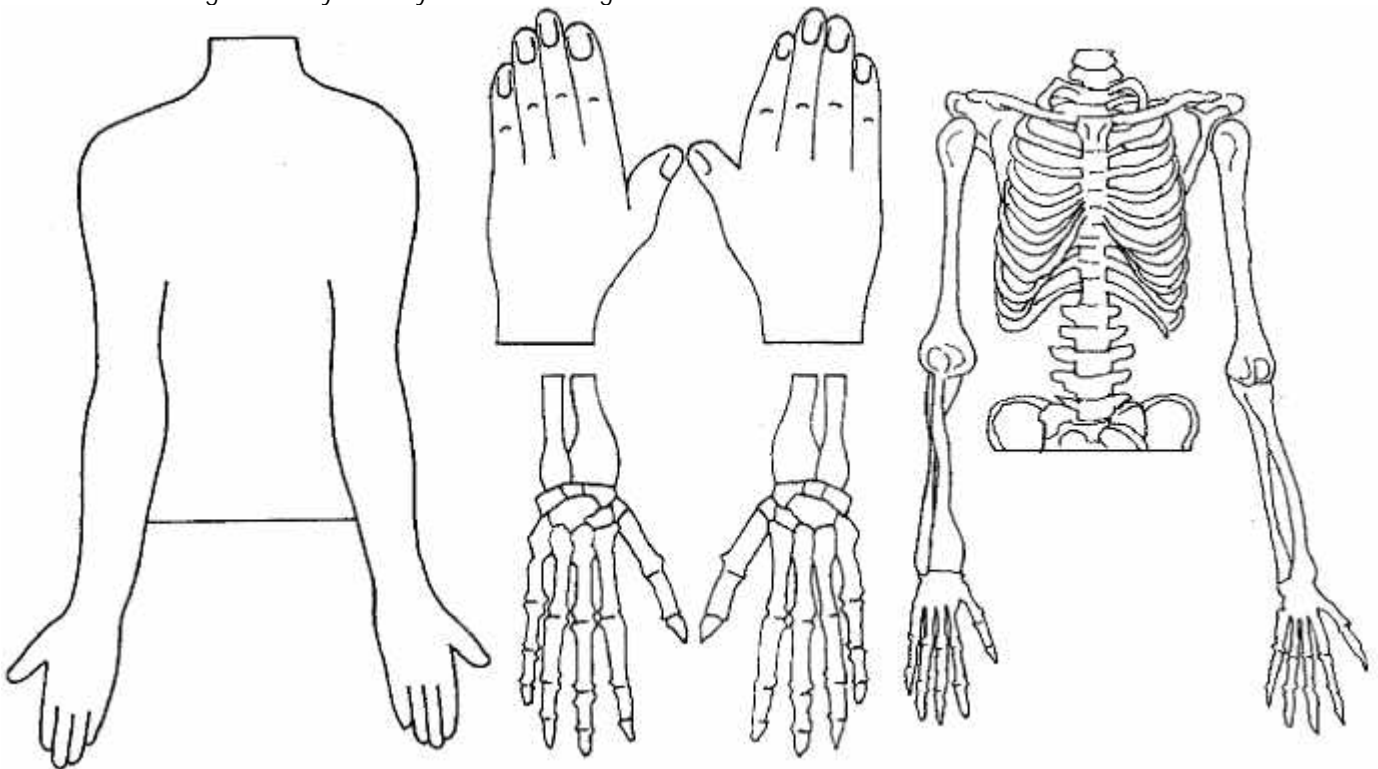
DATE OF BIRTH

NAME:

DATE OF BIRTH

Any Additional Information

These diagrams may assist you in describing what the hand/arm looks like and how it functions



Return the completed form with your membership fee to:

P O Box 54, Helston, TR13 8WD

Tel:0845 1306225 Fax: 0845 1300262

FOR OFFICE USE ONLY

MEMBERSHIP NUMBER ALLOCATED:

MEMBERSHIP FEE PAID: