

Affiliate Registration Form

| Affiliate Category | |
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| Aphasia Consumer Organisation |  |
| Aphasia Professional Organisation |  |
| Aphasia Research Organisation |  |

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| --- | --- |
| Details | |
| Name of organisation | Click here to enter text. |
| Contact person | Click here to enter text. |
| E-mail address | Click here to enter text. |
| Website (if applicable) | Click here to enter text. |
| Country | Click here to enter text. |

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| Permissions | |
| I would like to receive correspondence from Aphasia United |  |
| I would like my organisation’s name listed on the Aphasia United website |  |
| I would like a link to my organisation’s website on the Aphasia United website |  |
| I would like my organisation’s logo listed on the Aphasia United website (please attach) |  |