

Affiliate Registration Form

| Affiliate Category |
| --- |
| 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) |[ ]