Join the CLAPA Community

CLAPA is the only national charity representing all those affected by cleft lip and/or palate in the UK. Join us today and add your voice to our growing community of patients, families and cleft health professionals.

ABOUT YOU

Mr/Mrs/Ms/Other ………………. Name ……………………………………………………………………………………………………………………………………………………..

Address ………………………………………………………………………………………………………………………………………………………………………………………………………..

Post Code ………………………………………………………

Email …………………………………………………………………………………………………………………………………………………………………………………………………………..

Tel (optional) ………………………………………………………………………………………………………………………………………………………………………………………………………...

Ethnicity:  □ White British  □ White Other  □ Asian or Asian British
□ Black or Black British  □ Mixed  □ Other Ethnic Group

CONNECTION TO CLAPA

□ Parent of a child or children with a cleft
□ Adult with a cleft
□ Health Professional
   Job Title …………………………………………………………………………………………………………………………………………………………………………………………………………..
□ Other …………………………………………………………………………………………………………………………………………………………………………………………………………..

Date of birth of child(ren) with cleft:
1: ………../………/………
2: ………../………/………
3: ………../………/………

PLEASE SEND ME:

□ CLAPA News (annual magazine)
□ Regular e-newsletters with national news and events
□ E-mailings about Branch and other local news and events
□ Information on fundraising for CLAPA
□ Information on volunteering for CLAPA
□ I DO NOT want any regular contact from CLAPA

Data Protection Statement

We use your data to send you information about CLAPA's services and activities appropriate to your personal needs. This data will be stored in CLAPA's secure database and not shared with any other party without your explicit permission. If you decide in future that you no longer want to receive mailings from us you can click 'unsubscribe' from any of our newsletters, email info@clapa.com or call us on 020 7833 4883.

Please return this form to:

Cleft Lip and Palate Association
Green Man Tower
332B Goswell Road
LONDON
EC1V 7LQ