



MEMBERSHIP DETAILS FORM

(Please print this form and send to the address below. Please complete in **BLOCK CAPITALS**).

NAME (Mr, Mrs, Ms, Miss, Other).....

PARTNER/CARER'S NAME
(Mr, Mrs, Ms, Miss, Other).....

ADDRESS.....

..... **POSTCODE**..... (This information is essential) **DATE OF BIRTH**.....

TELEPHONE NUMBER..... **E-MAIL**.....

DATE OF DIAGNOSIS (*if applicable*).....

TREATMENTS/PROCEDURES (<i>if applicable</i>)	DATES
.....
.....
.....
.....

WOULD YOU BE WILLING TO TALK WITH OTHER MEMBERS?....YES/NO (Please indicate)

I enclose a cheque for £12.00 [] other ** [] £..... (Please state amount)

** PSA North of England welcomes any donation no matter how small.

Please make cheques payable to **PSA North of England** and return with the completed form to the address below.

I hereby agree/disagree (please indicate) to give permission to **PSA North of England** to hold my details on record and understand that the above information will not be released to anyone outside the Association.

Signature..... **Date**.....

Please return this form to:

PSA North of England, Mansion House Chambers, 22 High Street, Stockport SK1 1EG