



## MEMBERSHIP RENEWAL 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*).....

<b>ADDITIONAL TREATMENTS/PROCEDURES IN THE PAST YEAR</b> ( <i>if applicable</i> )	<b>DATES</b>
.....	.....
.....	.....
.....	.....

**DATE OF JOINING PSA** .....

**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**

July 2003

Registered Charity No. 1092102