

Application for Membership

We need YOUR support

Membership is open to anybody who has M.E. (or PVFS/CFS)
OR to their family/partner/carer **OR** anybody else who supports the aims of the Group

Surname Title

First Name(s)

Address

.....

.....

..... Post Code

Tel No.

Email

Please tick to indicate if you are :

Sufferer

Family

Partner/Carer

Supporter

For sufferers ONLY:

Length of illness

DoB (please!)

Best time of Day to contact you:

Morning

Afternoon

Evening

I wish to renew my membership

I wish to become a member

I heard of the Group through

Signed Date

We are very aware of the financial hardship of a lengthy illness and free membership is available to those in need – **We never turn anyone away**. Subscriptions (renewable each 1st OCTOBER) are pro-rated for members joining during the year. Contact Shirley Lynham for further information.

Please send the completed Application Form to:

Shirley Lynham
Membership Secretary
35 Crossefield Road
Cheadle Hulme
SK8 5PD

Subscription (£8 p.a.)

and/or I would like to make a donation of £..... to the Group Development Fund.

Cheques payable to **Stockport ME Group**

I would be able to help the Group by:

Membership	Secretary	Treasurer	Receipt	2010/2011
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Data protection Act: Members' details are stored in a computer based retrieval system. If you do not wish your details to be held in this way, please tick