

# Hampshire Friends with M.E.

(Incorporating the Isle of Wight)

Registered charity number: 1101610

www.hantsmesupport.co.uk

## MEMBERSHIP APPLICATION FORM

I/We would like to become a member of *Hampshire Friends with M.E.* and receive the regular newsletters, bulletins and contact lists. The yearly membership fee is £7.50 for an individual, £10.00 for a family (where more than one person residing at the same address wish to join) and £3.50 for an under 18. I/We enclose a cheque / postal order for this amount. The Membership fees are due on 1<sup>st</sup> June every year (new members joining on or after 1<sup>st</sup> March need not renew their *HFwME* membership until the 1<sup>st</sup> June the following year). Any member who fails to pay their subscription within three months of lapse will no longer be considered a member.

Name (Mr / Mrs / Miss / Ms) .....

(Name of parent/guardian if applying for membership when under 18  
.....)

Address.....

Town/City..... County.....

Postcode..... Telephone.....

Email address .....

Date of birth.....

Year you became ill.....

Signed ..... Dated.....

**Remittance:** Subscription: £..... (£7.50 / £10.00 / £ 3.50)

Donation: £.....

Total £.....

Please make your cheque payable to *Hampshire Friends with M.E.*  
and return your form with payment to the membership secretary:

**The Membership Secretary, Hampshire Friends with M.E.,  
PO Box 544, Eastleigh, Hants., SO50 0EY**



**Gift Aid:** If you are a taxpayer, please complete the following, which means that we can reclaim an extra 28% for every £ of your donation, at no cost to yourself.

*“I would like all subscriptions and donations to Hampshire Friends with M.E. that I have made since 1<sup>st</sup> March, 2004 and any payments I make hereafter to be Gift Aided.”*

Name.....

Signature..... Date.....

- Notes: 1. You can cancel this declaration at any time by notifying *Hampshire Friends with M.E.*  
2. You must be a UK taxpayer and pay tax equal to, or more than, the tax that we reclaim on your subscriptions / donations each year (28p for each £1 you give).

## **Hampshire Friends with M.E.**

Are you well enough to attend local social gatherings / activities?

Yes /  No /  Occasionally

Are you able to assist with ‘car sharing’ in your local area?

Yes /  No /  Occasionally

If not, is it because:  I am too ill  I am working  Transport difficulties

I am mainly house-bound  I am mainly bed-bound

How did you hear about Hampshire Friends with M.E.? .

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We are in the process of collating information on GPs and NHS Services within your local area. Please state the name and practice address of your GP/Consultant/Specialist, of whom you feel will support other ME sufferers.

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Your subscription covers production and postage costs for the newsletters, bulletins, contact list, and entry to all the group's regular meetings and events. If you wish your details to be included on the contact list, please tick the relevant box(es) below. Your details will remain confidential and only be circulated to other members.

Please include:

My full address       My telephone number       My e-mail address

-OR-                       My town/city