



2015 Membership Application Form

Please complete this Application Form and post to the address below. Members must be over 18. If your child has ED please join on his/her behalf. Membership is open to everyone.

Member's details (must be over 18)

Title First Name Surname

Has ED Yes / No If yes, which type? _____

Occupation _____ Hobbies _____
(If Housewife/retired/unemployed state previous occupation)

Address for correspondence:

_____ Town _____ County _____
Postcode _____ Country _____
Home Tel: _____
Mobile _____
Email _____

Other individuals with ED

First Name Surname
1. _____

Male Female DOB _____

Type of ED _____

2. _____

Male Female DOB _____

Type of ED _____

3. _____

Male Female DOB _____

Type of ED _____

4. _____

Male Female DOB _____

Type of ED _____

(Please use the back of this form if there are more than 4 people with ED and also for any other relevant information)

Please supply a password (in lower case) for access to the Members Section of the website _____ (please keep a note of this)

Your email address is your username when logging into the website. The ED Society will contact you when your account has been activated. If you have any queries please email: sue@ectodermaldysplasia.org

*I would like to receive my mailings by Post / E-mail

*I am happy to talk with other members Yes / No

I/We would like to apply for membership of the Ectodermal Dysplasia Society and include payment as follows:

Full membership £10.00 £ _____ Overseas £15 £ _____

Associate £ Free

Donation £ _____

Total Enclosed £ _____

Official use only
(WEBSITE)

Cheques made payable to: The Ectodermal Dysplasia Society

If you would like to pay your membership and/or donation monthly, annually or as a one off payment by Standing Order please ask your Bank to send your payment to The Ectodermal Dysplasia Society at HSBC, Promenade Branch, Cheltenham, Glos. England. Sort Code 40:17:10 A/c No. 61730835 and ensure the Bank quote your surname.

I have set up a Standing Order Yes / No

1998 Data Protection Act. Your details will be held by the ED Society electronically and will be used only in connection with your membership of the Society.

Signature _____

Date _____

giftaid it Make your membership subscription and any donations worth 25% more to the ED Society. Simply tick date & sign the Gift Aid declaration below. If you receive taxable income from U.K. wages, savings or pensions, we can reclaim the tax.

Yes I would like the ED Society to treat all donations and membership subscriptions as Gift Aid donations

Date ___/___/___ Signed _____

NB You must pay an amount of income tax or capital gains tax at least equal to the tax we reclaim on your donations, currently 25p for every £1 you give.

The Ectodermal Society, Unit 1 Maida Vale Business Centre, Cheltenham, Glos. GL53 7ER England
Tel: +44 (0) 1242 261332 Mobile: +44 (0) 7805 775703 Email: diana@ectodermaldysplasia.org