

2017 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 _____

Do you have 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 _____

Type of ED _____

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.

(Please use the back of this form if there are more than 3 people with ED and also for any other relevant information)

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 _____

Ectodermal Dysplasia Society (Registered Charity No. 1089135). A full list of Trustees is available from the above address.
 Disclaimer: Any views or opinions are made by the author in good faith. No liability whatsoever is accepted by the author or the Ectodermal Dysplasia Society. Recipients should make their own additional enquiries of medical and other relevant authorities before acting on these views. The use of a product name does not constitute a recommendation or endorsement by the author or the Society.