



MEMBERSHIP FORM

First Name _____
Last Name _____
Cell Phone _____ Work Phone _____
Email _____

Personal Details (NOTE: All information used in accordance with the terms of the Data Protection Act)

Address _____
City/Town _____
_____ Post Code _____
Date of Birth _____
Brief Medical History _____

Membership fee:	Membership runs from April - April	Individual £7.50	Family £10.00
Payment Method:	Standing order form	DOWNLOAD docx	DOWNLOAD PDF

Please return the completed form to: Membership Secretary, The Pancreatitis Supporters Network, Flat 12 Trafalgar House, 22 Bedford Avenue, Bexhill on Sea, East Sussex TN40 1NJ United Kingdom

Or

Email: psn@pancreatitis.org.uk