

# MEMBERSHIP FORM

## MEMBERSHIP BENEFITS

Membership is **£12 per year** for each adult member and enables us to fund services and activities to help you manage your condition and live a fuller life. By becoming a member you get the following benefits:

- **FREE Well-being Booklet**
- **Priority access to all available activities and support sessions**
- **Quarterly Newsletter**

## SINGLE MEMBERSHIP

New Member Please tick one

Membership Renewal

## JOINT MEMBERSHIP

New Members Please tick one

Membership Renewals

## PRIMARY MEMBERSHIP DETAILS

Mr/Mrs/Miss/Ms/Other (please specify)

First Name:  Last Name:

Address:

Town/City:  Postcode:  D.O.B.:  /  /

Home Tel:   Mobile:

E-mail:

Print Name: ..... Signed: ..... Date:  /  /

## SECONDARY MEMBERSHIP DETAILS

Mr/Mrs/Miss/Ms/Other (please specify)

First Name:  Last Name:

Address:

Mobile:  D.O.B.:  /  /

E-mail:

Print Name: ..... Signed: ..... Date:  /  /

## CHILDREN'S MEMBERSHIP DETAILS

First Name:  Last Name:

Condition:  D.O.B.:  /  /

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First Name:  Last Name:

Condition:  D.O.B.:  /  /

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First Name:  Last Name:

Condition:  D.O.B.:  /  /

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First Name:  Last Name:

Condition:  D.O.B.:  /  /

## EMERGENCY CONTACT DETAILS

Mr/Mrs/Miss/Ms/Other (please specify)

First Name:

Last Name:

Home Tel:

Mobile:

Relationship to Primary member:

We will keep a record of your emergency contact details for administrative purposes and will not send any correspondence to them or contact them in any way except in an emergency.

## DIVERSITY MONITORING DETAILS

It is our policy to support as many people with Arthritis/MSK conditions in Leicester and Leicestershire with a diverse a range of ethnic and social backgrounds. The information gathered on this form will help us to ensure we are fulfilling our objectives. The personal information given on this form will be treated as confidential and will not be disclosed to any other party. **All questions are optional.**

### ETHNIC ORIGIN

This question is not concerned with place of birth or citizenship, but will help to ensure we provide support for diverse ethnicities in the area. If you are of mixed origin, please tick other and give details.

How would you describe your ethnic origin?

(Please tick)

White British

Chinese

Black African

Indian

Black Caribbean

Pakistani

Other (Please give details)

### MEDICAL DETAILS

This question is used to help us ensure we are supporting a wide range of Musculoskeletal conditions. You do not have to give any information you do not wish to, and we will treat all information with strict confidence.

What type of Arthritis/MSK condition do you have?

(Please tick all that apply)

Rheumatoid Arthritis

Osteo Arthritis

Polymyalgia Rheumatica

Lupus

Ankylosing Spondylitis

Fibromyalgia

Other (Please give details)

## MEMBERSHIP PAYMENT CONFIRMATION

I enclose membership subscriptions totalling £

Please make cheques payable to Arthritis Support Leicestershire

Please Gift Aid my subscription

### IMPORTANT - PLEASE READ

I apply to join Arthritis Support Leicestershire and in doing so I undertake to the best of my ability to further its interests and influence. I agree to be bound by its constitution.

Signature

Date

Completed forms should be returned along with your payment to the address at the foot of the page

## THANK YOU FOR YOUR SUPPORT

We will keep a record of your details for administrative purposes and to allow us to contact you via email with more information about our activities and appeals. We use email to save on postal costs and also speed up communication. By entering your email address you are consenting to us contacting you this way. Your details will be dealt with in confidence and none of your details will be shared with any other parties.

Arthritis Support Leicestershire is a registered charity. Charity No. 1151899  
Registered office: 9 Newarke Street, Leicester LE1 5SN