

Registered Charity Number: 1067720

Application for Membership and Consent Form

We need YOUR support. Membership is open to anybody who has M.E. (or PVFS/CFS) **OR** to their family/partner/carer **OR** anybody else who supports the aims of the Group

Surname	First Name	Title (N Ms etc		Email Address	
Address:				I	
Telephone number(s)			Best way & time		
		to conta		ct you	
I wish to renew my membership I wish to become a member Subscription (£12 p.a.) and/or I would like to make a donation of £					
Post ☐ Telephone ☐ Em	nail 🔲				
To send our Quarterly Newsl Note:- if you don't tick one o) you
To receive occasional email u	updates of our meetings	and sp	ecial ev	vents (no	more than 10 emails in a year)
To receive membership reminders and occasional other correspondence e.g. member surveys \Box					
Signed					

Please send the completed Application Form to: Shirley Lynham, Membership Secretary 35 Crossefield Road Cheadle Hulme, Cheadle Cheshire. SK8 5PD.

your consent at any time by contacting our membership secretary Shirley Lynham (details below)