

**(Incorporating the Isle of Wight)**  
Registered charity number 1101610

Membership Application Form

Membership is open to anyone aged 16 and over who is affected by ME/CFS. If you have a professional interest in the illness you can apply for associate membership. The yearly membership fee is £8.50 for an individual, £10.00 for a family (where more than one person residing at the same address wish to join) and £3.50 for an under 18. Please note that any member who fails to pay their subscription after three months of lapse will no longer be considered a member.

**Please return this form to The Membership Secretary, Hampshire Friends with M.E.  
C/o The Community Centre, Brinton Lane, Hythe, Southampton, SO45 6DU.**

I/We would like to become a member of *Hampshire Friends with M.E.*

Full name (Mr / Mrs / Miss / Ms) .....

Name of parent or guardian if applying for membership when under  
18.....

Address.....

.....

Postcode..... Telephone.....

Email address..... Date of birth.....

Year you became ill.....

Signature:

Date:

**1. Payment by cheque/postal order:**

Subscription: £..... (£8.50 / £10.00 / £ 3.50) Associate Member please tick box

Donation: £.....

**Total** £.....

Please make your cheque or postal order payable to *Hampshire Friends with M.E.* and return your form with payment to the Membership Secretary.

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**2. Payment by BACS:**

BACS payments to the Co-op Bank.

Hampshire Friends with M.E.  
Sort code: 08 92 99  
Account number: 65706679

Please quote your surname and initial as your payment reference.

Subscription: £..... (£8.50 / £10.00 / £ 3.50)

Donation: £.....

**Total** £.....

Date payment made (DD/MM/YY):

**3. Hampshire Friends with M.E.**

Are you well enough to attend local group meetings and events?

Yes / No / Occasionally

If not, is it because:            I am too ill            I am working            Transport difficulties  
I am mainly house-bound            I am mainly bed-bound

Are you able to assist with "car sharing" in your local area?

Yes / No / Occasionally

How did you hear about Hampshire Friends with M.E.?

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Are you aware of our Facebook group? Yes / No

If yes, are you joining Hampshire Friends with M.E. as a result of the group? Yes / No

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We like to keep our list of supportive GPs and local NHS consultants up to date. Please would you give us the name and practice address of your GP/Consultant/Specialist, whom you feel will support other ME sufferers.

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If you wish your details to be included on the contact list, please circle the relevant boxes below. Your details will remain confidential and only be circulated to other members.

Please include:

Skype account	Telephone number	E-mail address	Town/city
Facetime account			

We now email the newsletter to members, if you would prefer to receive the newsletter by post please tick here .....

4. **Gift Aid:**

If you are a UK taxpayer, please complete the following declaration, which means that we can reclaim an extra 28% for every £ of your donation, at no cost to yourself.

*"I would like all subscriptions and donations to Hampshire Friends with M.E. to be Gift Aided from March 2004, and thereafter.*

Name.....

Signature.....Date.....

You can cancel this declaration at any time by notifying *Hampshire Friends with M.E.*

You must be a UK taxpayer and pay tax equal to, or more than, the tax that we reclaim on your subscriptions / donations each year (28p for each £1 you give).