



Organisation for the Understanding of Cluster Headache

Membership Application Form

Registered Charity No. 1091919 P O Box 62 Tenby SA70 9AG

Registered Office: OUCH (UK) • Pyramid House • 956 High Road • London • N12 9RX

Please return to: The Membership Secretary OUCH (UK) P O Box 62 Tenby SA70 9 AG

Personal Details

First Name (sufferer*)

Last Name

First Name (supporter*)

Last Name

(* if appropriate)

If a sufferer, have you been diagnosed by: (✓) GP

Neurologist Other

If not, are you a: Supporter

Medical Professional Other

If you are diagnosed: Episodic CH

Chronic CH Other

Contact Details: *(please let us know if any of your details change)*

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Town/City	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

e-mail – if appropriate	<input type="text"/>
Telephone – landline (optional)	<input type="text"/>
Telephone – mobile (optional)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

How did you hear about OUCH (UK)?

Would you like to make a donation? £

Other Information

Occasionally, we may contact you to inform you about events or, ask if you wish to take part in relevant research projects.

If you **do not** wish to be contacted for these purposes please tick here. (✓)

Payment

Either: 1 year £13.00

I enclose a cheque, payable to OUCH (UK) for (✓) 3 years £39.00

In cases of hardship, please contact Head Office 5 years £65.00

Or: I enclose a completed standing order (✓)

MAKE YOUR GIFT WORTH EVEN MORE

As a charity, the government allows us to reclaim tax under the Gift Aid scheme. All you need do is tick the box and the tax office will give 28p for every pound you give.

I would like OUCH (UK) to reclaim the tax on any membership subscriptions or donations that I make.

I have paid an amount of UK income tax or capital gains tax equal to any tax reclaimed. (✓)

● **Signed:**..... **Date:** *

Office use:	Received	Member Number.	Cat.	Via oxygen	Posted
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>