

Membership Application Form

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

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

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

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

Personal Details:	<u></u>
First Name (sufferer*)	Last Name
First Name (supporter*)	Last Name
(*if appropriate)	
If a sufferer, have you been diagnosed (\checkmark)	d by: GP
If not a sufferer, are you a:	Supporter Medical Other Professional
If you are diagnosed:	Episodic CH Chronic CH (please state)
Contact Details: (please let us know	if any of your details change)
Address Line 1	e-mail – if appropriate
Address Line 2	Telephone – landline (optional)
Address Line 3	Telephone – mobile (optional)
Town/City	
County	
Postcode	
Country	
How did you hear about OUCH (UK)?	
Would you like to make a donation?	£
Other Information:	
	nform you about events or, ask if you wish to take part in relevant research projects.

(✔)

Payment:	
Either:	1 year £13.00
I enclose a cheque, payable to OUCH (UK) for (\checkmark)	3 years £33.00
In cases of hardship, please contact Head Office	5 years £52.50
1	MAKE YOUR GIFT WORTH EVEN MORE
	x under the Gift Aid scheme. Gift Aid increases the value of donations to charities by We would like to reclaim Gift Aid on your behalf. We can only reclaim Gift Aid if you
Please confirm that you are eligible for Gift Aid. Can we reclaim Gift Aid on your donation?	
Yes, and for donations made in the past 4 years	
Yes, today and in the future	
No	
By selecting "Yes" you are confirming that you are a as much as we will reclaim on your donations in this	a UK tax payer and the amount of income and/ or capital gains tax you pay is at least tax year.
Please sign and date below:	
Signed:	Date:
Office uses Described Member Number	Cot Via Booted