

APPLICATION FORM TO JOIN ATAXIA UK LONDON BRANCH

The London Branch is open to all Friends of Ataxia UK.

Please complete and send to: LONDON BRANCH, ATAXIA UK
13 Emsworth Road
Barkingside
Essex IG6 2EL

Mr/Mrs/Miss/Ms/other:	
First name:	
Surname:	
Full address (including postcode):	
Email address:	

- I am / I am not a current Friend of Ataxia UK (please delete as appropriate)
- Yes, I would like to become a member of the London Branch, Ataxia UK and receive newsletters and other Branch notices.

Signed:

Date:

Data Protection

By signing this form you agree to your contact details being shared with other members of this support group and held by Ataxia UK. This support group will add your personal details to their mailing list and you will receive newsletters and other information relating to this group and Ataxia UK.

If you do not wish to share your contact details please tick here:

If you do not wish to receive this group's Newsletters please tick here:

If you do not wish to receive information from Ataxia UK please tick here:

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