

Membership Application Form

Polymyalgia Rheumatica and Giant Cell Arteritis Scotland

Title: Forename(s): Surname:
I am a: Patient/Professional/Friend/Relative/Other.....
Which conditions do you have?: <i>(optional answer)</i>
Address:
Postcode: Telephone number
Email: Year of birth:

As agreed by members at the charity’s AGM on 15th April 2014, membership of the charity is not conditional on paying a set fee. For those who wish to make a donation we suggest £10. This will go towards printing, postage, information packs and the helpline. Any additional amount you can add would be very welcome to assist with the ongoing and increasing work of the charity.

So that you can receive our regular mailings (approximately three per year) we would be pleased if you would return this form, even if you do not wish to make a donation at the moment.

This form and any cheque should be posted to our correspondence address (as shown below) or email to data.scotland@pmrandgca.org.uk. If you are a tax payer please consider completing a Gift Aid Form.

If you would prefer to pay us electronically, these are our bank details.

Bank of Scotland. Sort Code: 80-22-60. Account Number: 12086569.

Account Name: PMR-GCA SCOTLAND

DONATION AMOUNT £.....

Please make cheques payable to PMR-GCA Scotland and send to:

PMR GCA (SCOTLAND)
 7 Hamilton Place,
 PERTH
 PH1 1BB

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