



Hope 4 ME & Fibro Northern Ireland

MEMBERSHIP FORM: CONFIDENTIAL INFORMATION

Mr./Mrs./Ms./Dr.: _____ Name: _____ Surname: _____

Address _____

Town: _____ Postcode: _____

Date of Birth: _____ E-mail: _____

Home Tel: _____ Mobile: _____

Diagnosis (if applicable): _____

Who made diagnosis: Dr. _____ Consultant _____ Self _____

When did you first become ill? _____ Sudden or Gradual onset? _____

How long did you wait to be diagnosed? _____ Add any comments overleaf:

MEMBERSHIP FEES: Adult £24.00 (£2month) _____ Under 18 years Free _____

Two adults same household £36.00 (£3month) _____ **Add other member details overleaf:**

Each additional adult add £12 (£1month) to total. _____ **TOTAL** _____

Membership can be paid in full OR by monthly standing order, but please note that cancelling prior to 1 full year membership, will result in balance of first year fees becoming immediately due. Standing orders helps us manage our accounts. Please use the STANDING ORDER form included.

If you are a parent of a child with ME or fibro, please state child's name, date of birth and if you consent to a birthday and Christmas card being sent from the charity.

Child's Name _____ .DOB...../...../..... Consent to cards? YES/NO

Date: _____ **New Member Signature** _____

Please return completed form and fee to:

Hope 4 ME & Fibro Northern Ireland
25 McShanes Road
Bessbrook, NEWRY
Co. Down
BT35 7LZ

NB: Information on this form is strictly confidential.

Office Signature _____

FACEBOOK: We have a closed FB group open to all. Find it by searching for our charity name.

We also have a secret group for members only. If you would like to join the secret group please give your FB name(s) here: