



Charity No.1089135

To become a member complete this Application Form and post to: The Ectodermal Dysplasia Society 108 Charlton Lane, Cheltenham, Glos. GL53 9EA. England. Members must be over 18. If your child has ED please join on His/her behalf. A second adult in the family (e.g. spouse) can be named in the section "2nd Member's Details"

1st Member's details (must be over 18) * Full/Associate

Title First Name Surname

Occupation _____ Hobbies _____
(If Housewife/retired/unemployed state previous occupation)

Address for correspondence:

Town _____ County _____

Postcode _____ Country _____

Home Tel _____

Mobile _____

Email _____

2nd Member's details (must be over 18) * Full/Associate

Title First Name Surname

Occupation _____ Hobbies _____
(If Housewife/retired/unemployed state previous occupation)

Details of individual/s with ED

First Name Surname
1. _____

Male Female DOB _____

Type of ED _____

Occupation _____ Hobbies _____

2. _____

Male Female DOB _____

Type of ED _____

Occupation _____ Hobbies _____

2010 Membership Application Form

First Name Surname

3. _____

Male Female DOB _____

Type of ED _____

Occupation _____ Hobbies _____
(Please use back of form if there are more than 3 people with ED)

Please supply a password (in lower case) for access to the Members section of the website _____ (please keep a note of this)

Use your email address as your username when logging into the website. The ED Society will contact you when your account has been activated, If you have any queries please email sue@ectodermaldysplasia.org

*I/We have Air-conditioning Yes / No
*I would like to receive my mailings by Post / E-mail
*I am happy to talk with other members Yes / No

I/We would like to apply for membership of the Ectodermal Dysplasia Society and include payment as follows:

Full membership £10 p/p £ _____ Donation £ _____

Overseas membership £15 £ _____

Associate membership FREE

Total Enclosed £ _____

Official use only(Website)

Cheques made payable to: The Ectodermal Dysplasia Society

If you would like to pay by Standing Order please ask your bank to send your payment to The Ectodermal Dysplasia Society at HSBC, Montpellier Branch, Cheltenham, Glos. England. Sort Code 40:17:10 A/c No. 61730835

*I have paid by Standing Order Yes / No

1998 Data Protection Act. Your details will be held by the EDS electronically and will be used only in connection with your membership of the Society.

Signature _____

Date _____

giftaid it Make your membership subscription and any donations worth 28% more to the ED Society. Simply tick date & sign the Gift Aid declaration below. If you receive taxable income from UK wages, savings or pensions, we can reclaim the tax.

Yes I would like the ED Society to treat all donations and membership subscriptions as Gift Aid donations

Date ____/____/____ Signed _____

NB To be eligible for Gift Aid, you must pay Income Tax or Capital Gains Tax in the UK equal to, or more than, the amount that we will reclaim on your donation in the tax year.

*Delete as appropriate. Please use the reverse of this form for any other relevant information.