

BURY/BOLTON ME/CFS SUPPORT GROUP



Application Membership/Renewal Form

The Bury/Bolton ME/CFS Support Group. Membership fee minimum donation of £6.00 please

Your donation is important as it not only helps to run the group, it funds our campaign for awareness and medical provision.

Mr/Mrs/Miss/Ms

Surname.....

First-Names.....

Address.....

.....Post Code.....

Telephone Number (including STD Code).....

E-Mail Address.....

Date of Birth.....

Partners/Carers Name/date of birth.....

Do you have ME/CFS.....Duration (months/years).....

Have you had a positive diagnosis?YES/NO

If YES please give details of who diagnosed you?

Own GP/Hospital/Other.....

How did you hear about the Group?

I enclose the sum of £.....As a donation towards the work of the Bury/Bolton ME/CFS support Group for the benefit of people with ME/CFS and their carers.

Please make cheques payable to: **BURY/BOLTON ME/CFS SUPPORT GROUP** and send to:

**Kim Finney, Treasurer, Bury/Bolton ME/CFS Support Group
Wits-End, 19 Hillstone Close, Greenmount, Bury, BL8 4EZ.**

Feel free to contact Pam (Group Contact) on 01204 793 846 if you need any further details.

Thank you.