

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/Other.....

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 would like to receive newsletters via: Email (saves us funds)
 Post

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.

Group Membership Survey

Thankyou for completing this survey. It will be most useful to have some statistics for people with ME/CFS in this area. This is also helpful when we are campaigning for local services and when we apply for funding grants. This information will be kept anonymous.

1	Are you sufferer or carer?	Sufferer		Carer	
2	Gender	Male		Female	
3	Age Group	Under 16			
		16-24			
		25-34			
		35-44			
		45-54			
		55-64			
		65 and over			
4	Ethnicity	White		Asian	
		Black		Chinese	
		Mixed Race		Other	
5	Please write the first part of your postcode (eg. BL3)				
6	Do you have access to transport?	Car driven by you.			
		Car driven by carer/friend.			
		Taxi			
		Public transport (train/bus/etc)			
		Other			
		None			
7	Are you employed or in education?	Yes		No	
		Full-Time		Part-Time	
8	Are you registered disabled?	Yes		No	
9	Are you receiving benefits?	Yes		No	
10	How long ago was your ME/CFS diagnosed?				
11	How long did you wait for a diagnosis?				
12	How severely affected are you?	Mild		Moderate	
		Severe		Very Severe	
13	Who gives you treatment?	GP		Both GP & Consultant	
		Consultant		Other	
14	How long have you been a member of the Bury/Bolton ME/CFS Support Group?				

With thanks to Central Lancs ME/CFS Support Group

Please return this form along with your membership/renewal form.