

MRSASUPPORT

THE SUPPORT GROUP FOR SUFFERERS AND DEPENDANTS

membership application

Membership gives you our booklet and 10 newsletters over the next twelve months.

Please PRINT	
Name:	DOB:
Address:	
.....	
Postcode:	
Phone: (home)	(business)
Mobile phone:	E-mail:

OPTIONAL INFORMATION

Which hospital(s) treated you?
.....
When were you treated?
When were you diagnosed as having a hospital acquired infection?

The questions above help us to compile facts about the hospitals concerned. We would be grateful if you would help us by including this information.

MRSASUPPORT

46 Great Stone Road, Northfield, BIRMINGHAM B31 2LS

My Membership Contribution: £ 12.50
My Donation (completely optional): £
TOTAL AMOUNT: £

I enclose my cheque/crossed-postal-order made payable to *MRSA SUPPORT*

SIGNED: DATE:

PLEASE SEND TO:

Mrs Anne Johnstone, 169 Heath Road, Kings Norton, BIRMINGHAM B30 1HE