



The ME Association

Here to support – here to inform – here to fund research

Membership Application Form

UK residents £18 p.a.* BFPO £18.00 p.a.*

Europe & Eire £24.00 p.a.* Rest of World £30.00 p.a.*

The ME Association offers support and information to everyone with an interest in ME/CFS (myalgic encephalopathy/chronic fatigue syndrome) or PVFS (post-viral fatigue syndrome).

Please see **10 good reasons for joining The ME Association** for the benefits of membership and the offers made to new members.

Payment options are listed on page 3. * As well as the subscription charges mentioned above, we offer members who decide to pay by Standing Order the option to pay by instalments as follows: UK and BFPO, £2 per month or £5.00 per quarter; Europe and Eire, £3 per month or £7.50 per quarter; Rest of the World, £3.50 per month or £9 per quarter.

If you are a UK taxpayer, help us increase the value of your subscription and any donation by completing the Gift Aid declaration, which is also on page 3. Thank you.

Please use the **Offers of leaflets made to new members** form to indicate which free leaflets you would like to receive on joining – to the value of £10.00 if you pay annually by Standing Order, or to the value of £3.00 if you pay in any other way.

When you have completed the form, please send it with your cheque or postal order (if relevant) to

The ME Association, 4 Top Angel, Buckingham MK18 1TH.

Your Personal Details – Please use **BLOCK CAPITALS**

Title _____ Forenames _____ Surname _____

Name of parent / guardian if applying for membership when under 18* _____

Address _____

Postcode (Zip) _____ Country _____

UK telephone numbers: Day _____ Eve. _____ Mob. _____

Email address _____

The ME Association's legal constitution is defined by the Memorandum and Articles of Association.
Copies are available on request from The ME Association's Head Office or via our website.

The Myalgic Encephalopathy Association, 4 Top Angel, Buckingham MK18 1TH
Registered Charity No. 801279 ● The ME Association is a company limited by guarantee ● Company No. 2361986
The ME Association is registered under the Data Protection Act.

Name, address and date of joining of all people over 18 are held in The ME Association's register of members.
In accordance with Company Law, The ME Association is obliged to allow public access to this register.

Please be sure to sign the Declaration at the foot of this page!

Data Collection

If you have ME/CFS or PVFS, or are filling in this form on behalf of someone who does, it would help our record-keeping if you will complete the following details.

Our database of people with ME/CFS or PVFS is a useful source of information. Any use within The MEA of details entered below will be totally confidential and, if passed to an external body for research purposes, will be done so anonymously. Your signature (or, if you are under 18, that of your parent / guardian) in the declaration below indicates acceptance of such use. Please feel at liberty to leave blank any question(s) on this page that you would prefer not to answer.

Do you have ME E/CFS or PVFS or are you a Carer? _____

Gender *male / female*

Date of Birth (day / month / year) ___ / ___ / ___

Ethnicity *African / Afro-Caribbean / Asian / White / Other* _____

If your ME/CFS or PVFS allows you to work, occupation now _____ full / part-time

Occupation at the time your ME/CFS or PVFS began _____ full / part-time

Year your ME/CFS began _____

Have you received a positive diagnosis of M/CFS or PVFS? yes / no

Who diagnosed the condition? *GP / consultant / self / other (please state)* _____

If consultant, please state name and hospital _____

Are you mainly housebound unless someone helps you? yes / no

Are you mainly bedbound? yes / no

If you feel you have been unfairly refused state benefit(s), please state which

How did you hear about The ME Association?

The MEA's website / internet search / word of mouth / health professional / other charity / other (please state) _____

Declaration *(if you are under 18*, please ask your parent / guardian to sign).*

I confirm this application for membership of The ME Association and I agree to the use of the above data in the way described.

Signature _____ **Date** _____

***Please tick box if this application is for a person under 18**

Applicants under the age of 18 years are registered as Associate Members.

On reaching his/her 18th birthday, an Association Member will be invited to become a Full Member.

continued/...

Payment

I wish to pay an annual membership of £18 (UK/BFPO), £24 (Europe), £30 (R o W) £ _____

I also wish to (please tick all that apply):

make a donation to The ME Association £ _____

purchase *Living with ME* by Dr Charles Shepherd at £10.50 £ _____

purchase *Chronic Fatigue Syndrome* by Dr Anne Macintyre at £10.50 £ _____

(both purchases include p & p)

Total Payment £ _____

Written confirmation and delivery of product(s) / membership received by UK consumer within 30 days from date of purchase.
Cancellation or Return: You have the right to cancel or return product(s) / membership purchased. Notification in writing of cancellation or return should be sent to The MEA within seven days from receipt of product(s) / membership. Postage and packaging of returned goods to be paid by the consumer unless goods found to be faulty on delivery. Refunds will be paid within 30 days. This does not affect your statutory rights.

Gift Aid – UK taxpayers can increase the value of their payments at no additional cost

Please tick this box! **I wish The ME Association to reclaim tax on all my past, present and future payments. I pay sufficient Income Tax and Capital gains Tax to cover the amount The ME Association will reclaim.** (At present, this is 28p in every £1 that you pay). *If your future tax circumstances change, please let us know.*

Payment Method – please select one. All payments in pounds Sterling, please

Cheque / Postal Order / International Money Order made payable to The ME Association

Debit Card: Please tick VISA MASTERCARD DELTA MAESTRO/SWITCH

Card Number

Valid from Expires end Issue No. (Maestro/Switch only)

Name on card _____

Amount £ _____ Signed _____ Date _____

Standing Order. Paying your membership and / or donations by standing order is an effortless way to maintain your support. By completing the form below, your payment is sent to us at the frequency you decide. You can stop this at any time.

Standing Order Mandate To (Name of your Bank) _____

Address of your Bank _____

Please pay Lloyds Bank plc, The Green, Stanford-le-Hope, Essex SS17 0ER (Branch Sort Code 30-18-34, Account Number 00047979) for the credit of The ME Association, annually / quarterly / monthly (delete as appropriate) the sum of: _____ pounds _____ pence (in words) starting on ___ / ___ /20

Your Bank Sort Code _____ Your Account Number _____

Your Name _____

Signature _____ Date ___ / ___ /20

MEA Reference to be quoted on all payments (The ME Association to complete):