



## MEMBERSHIP APPLICATION FORM

Registered and Head Office:  
The ME Association, 7 Apollo Office Court  
Radclive Road, Gawcott  
Buckinghamshire MK18 4DF

01280 818963/818968  
[www.meassociation.org.uk](http://www.meassociation.org.uk)

Joining The ME Association will give you vital information to help you cope with your illness. Your subscription means we can help to support, inform and fund research into ME/CFS.

An annual membership costs just **£18** (UK) **£24** (Europe) **£30** (Rest of World).

There are several payment options.

\*As well as the subscription charges mentioned above, we offer members who wish to pay by **Standing Order** the option to pay by instalments as follows:

UK: £2.00 per month or £5.00 per quarter.

**Please consider the ANNUAL STANDING ORDER OPTION.** This will help us to keep our costs down and to put more money into our support and information network. As a 'thank you' for your **ANNUAL STANDING ORDER** you may – when you join – select free of charge 10 of the £1.00 leaflets from the **ORDER FORM** enclosed or viewable online at [www.meassociation.org.uk](http://www.meassociation.org.uk)

**This offer only applies to ANNUAL STANDING ORDERS.**

When you have completed the form, please send it with your cheque/postal order or Standing Order Mandate to:

The ME Association

7 Apollo Office Court, Radclive Road, Gawcott, Buckinghamshire MK18 4DF

### Your Personal Details - please use BLOCK CAPITALS

Title \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode (Zip) \_\_\_\_\_ Country \_\_\_\_\_

UK Telephone Numbers: Day \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

# PAYMENT

*Please tick all that apply:*

I wish to pay an annual membership of:	<input type="checkbox"/>	£18 (UK)	£ _____
	<input type="checkbox"/>	£24 (Europe)	£ _____
	<input type="checkbox"/>	£30 (ROW)	£ _____
<input type="checkbox"/>	I also wish to make a donation to The ME Association		£ _____
		<b>Total Payment</b>	£ _____

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 is 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 the box:  I wish The ME Association to reclaim tax on my present and future payments. I pay sufficient Income Tax and/or Capital Gains Tax to cover the amount The ME Association will reclaim. If your future tax circumstances change, please be advised that it is your responsibility to let us know.

## PAYMENT METHOD

Please contact head office by phone to pay by Debit or Credit Card:

**01280 818963/818968**

## Data Protection and our Privacy Policy

You can find full details of our data protection and privacy policy on our website.

We assure you that your details will never be sold. We will only use them to ensure that you receive our quarterly magazine and to inform you about any news about the illness, upcoming events, fundraising or other items of legitimate interest. If we may contact you electronically please tick the relevant boxes.

BY EMAIL  BY TEXT

But remember, you're in control. You have the right to opt out of our communications at any time. Just let us know.

# STANDING ORDER MANDATE

*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.*

**PLEASE MAKE THE START DATE TWO WEEKS FROM THE DATE YOU RETURN THIS FORM TO US.**

TO (Name of your bank): \_\_\_\_\_

ADDRESS (of your Bank): \_\_\_\_\_

Please pay: The ME Association

Lloyds Bank plc  
22 Grover Walk, Corringham  
Stanford-le-Hope, Essex SS17 0ER

Branch Code: 30-18-34

Account Number: 00047979

The sum of (in words) \_\_\_\_\_ pounds

*Annually\*/ Quarterly\* / Monthly\* (\*delete as appropriate)*

Commencing on \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Your Bank Sort Code \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Account Number \_\_\_\_\_

Your Name \_\_\_\_\_

Your Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

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

Version 15/03/2018

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