



MEMBERSHIP APPLICATION FORM

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

Telephone: 01280 818963
Website: 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 continue to support, inform, campaign, and invest in medical research.

- An annual membership costs just **£18** (UK), **£24** (Europe), and **£30** (Rest of World).
- If you pay by **Annual Standing Order** we will provide a FREE book: 'The ME/CFS/PVFS Clinical and Research Guide' written by Dr Charles Shepherd (which has a retail value of £10).
- We are also able to offer monthly (UK: £2.00) or quarterly (UK: £5.00) Standing Order payment options.

Please consider the Annual standing order option. This will help to keep costs down and enable us to put more money into providing support and information.

- When you have completed the form below, please send it with your cheque, postal order, or completed 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: _____ 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			£ _____
		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 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

- **Pay by cheque or postal order made payable to: The ME Association.**
- **Pay by Debit or Credit Card. Phone Head Office: 01280 818963.**

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)

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