

# 2021 Membership Application Form

Please complete this Application Form and post to the address below. Members must be over 18. If your child has ED please join on his/her behalf. Membership is open to everyone.

**Member's details** (must be over 18)

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 \_\_\_\_\_

Do you have ED? Yes / No If yes, which type?  
 \_\_\_\_\_

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_  
 (If Housewife/retired/unemployed state previous occupation)

**Address for correspondence:**

Town \_\_\_\_\_ County \_\_\_\_\_  
 Postcode \_\_\_\_\_ Country \_\_\_\_\_  
 Home Tel: \_\_\_\_\_  
 Mobile \_\_\_\_\_  
 Email \_\_\_\_\_

**Other individuals with ED**

First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 1. \_\_\_\_\_

Male  Female  DOB \_\_\_\_\_  
 Type of ED \_\_\_\_\_

2. \_\_\_\_\_

Male  Female  DOB \_\_\_\_\_  
 Type of ED \_\_\_\_\_

3. \_\_\_\_\_

Male  Female  DOB \_\_\_\_\_  
 Type of ED \_\_\_\_\_

4. \_\_\_\_\_

Male  Female  DOB \_\_\_\_\_  
 Type of ED \_\_\_\_\_

*giftaid it* Make your membership subscription and any donations worth 25% more to the ED Society. Simply tick date & sign the Gift Aid declaration below. If you receive taxable income from U.K. wages, savings or pensions, we can reclaim the tax.

**Yes** I would like the ED Society to treat all donations and membership subscriptions as Gift Aid donations

Date \_\_\_/\_\_\_/\_\_\_ Signed \_\_\_\_\_

**NB** You must pay an amount of income tax or capital gains tax at least equal to the tax we reclaim on your donations, currently 25p for every £1 you give.

**\*I would like to receive mailings from the E D Society Y / N**

I would like to receive my mailings via Email / Post

I am happy to talk with other members Yes / No

**I/We would like to apply for membership of the Ectodermal Dysplasia Society, payment as follows:**

Full membership £20.00 Overseas £25 Associate Free

Donation £ \_\_\_\_\_

Total paid £ \_\_\_\_\_

Official use only

**Cheques to be made payable to: The Ectodermal Dysplasia Society**

**If you would like to pay your membership and/or donation monthly or annually as a one-off payment our bank details are The Ectodermal Dysplasia Society Sort Code 40:17:10 A/c No. 61730835 and ensure the Bank quote your surname.**

Alternatively, you can pay via  [info@edsociety.co.uk](mailto:info@edsociety.co.uk)

**I have paid by Cheque/Standing Order/PayPal**

**1998 Data Protection Act.** Your details will be held by the ED Society electronically and will be used only in connection with your membership of the Society.

\*Please see our website for our Privacy Policy. If you would like to be removed from our mailing list please contact us on [info@edsociety.co.uk](mailto:info@edsociety.co.uk)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

The Ectodermal Dysplasia Society, Unit 1 Maida Vale Business Centre, Maida Vale Road, Cheltenham, Glos. GL53 7ER England  
 Tel: +44 (0) 1242 261332 Mobile: +44 (0) 7774 465712 [www.edsociety.co.uk](http://www.edsociety.co.uk) Email: [info@edsociety.co.uk](mailto:info@edsociety.co.uk)

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