

# Application for Membership

Date: \_\_\_\_\_

*\*delete where applicable*

I/we\* would like to join The Miscarriage Association<sup>1</sup>

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

e-mail: \_\_\_\_\_

I/we enclose a cheque/postal order\* for £ \_\_\_\_\_ for membership fees for one year.

**or**

I/we wish to pay my/our membership of £ \_\_\_\_\_ by Visa/Access/Mastercard\*:

Card no: \_\_\_\_\_ Expiry date: \_\_\_\_\_ Issue No: \_\_\_\_\_

Fees:	Individual/couple (UK)	£20
	Individual/couple (UK), unwaged/on benefit	£5
	Individual/couple (abroad, incl. Eire)	£25
	M.A. Support Group (registration only)	Free
	M.A. Support Group (1-5 newsletters)	£22.50
	Other support groups and organisations	£30

Send your application form and payment to the Miscarriage Association, 17 Wentworth Terrace, Wakefield WF1 3QW. Cheques and postal orders should be crossed **alc payee only** and made payable to The Miscarriage Association.

Please send me details about paying my membership by Banker's Order

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I would like my membership fee and any donation I make to be considered as a **Gift Aid** donation

<sup>1</sup>The Miscarriage Association is a registered charity and a company limited by guarantee. Should the company be wound up, I promise to pay the sum of £1 towards its debts if asked to do so.