



Membership application form

Please complete all sections of the form to become a member of the Scoliosis Association (UK).

SECTION 1: CONTACT DETAILS (of the person paying the membership fee)

Title:	
Forname:	
Surname:	
Sex:	Male/Female
Address:	
Postcode:	
Date of birth:	
Telephone (daytime):	
Telephone (evening):	
E-mail:	

Do you have scoliosis? Yes No

Are you a relative / carer of someone with scoliosis? Yes No

Please complete Section 1a if you have answered 'Yes' to the question above. If your answer was 'No' please move on to Section 2 overleaf.

If you answered 'No' to both questions above please go to Section 3.

SECTION 1a: CONTACT DETAILS (of the person with scoliosis)

Relationship to fee payer:	
Full name:	
Sex:	Male/Female
Date of birth:	
Address: (if different from above)	
Telephone (daytime):	
Telephone (evening):	
E-mail:	

SECTION 2: SCOLIOSIS HISTORY

Type of scoliosis (medical name if known):	At what age was the curve first noticed:
If the condition is secondary to another condition please give details of the primary condition:	When was the scoliosis first diagnosed? As an Infant or child <input type="checkbox"/> As an adolescent <input type="checkbox"/> As an adult <input type="checkbox"/>
Have any other conditions been diagnosed?	
What treatment has been received to date: (tick relevant boxes and provide additional information if necessary)	
Awaiting first appointment <input type="checkbox"/>	type of brace: _____ type of treatment: _____
Monitored by a specialist <input type="checkbox"/>	
Bracing <input type="checkbox"/>	
Surgery <input type="checkbox"/>	
Other <input type="checkbox"/>	
If a hospital has been attended please provide further details:	
The hospital attended: _____	
The name of the consultant: _____	

If applicable please give details of the scoliosis surgery:

When did the surgery take place? (Month, Year)
What age were you / the person with scoliosis at the time of the operation?

Please tell us any other information about the scoliosis (e.g. is there pain or breathing problems?)
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SECTION 3: MEMBERSHIP OPTIONS

Based on the information given on this form SAUK will provide you with contact details of people who are going through/have been through a similar experience.

SAUK has three types of membership depending on whether you would like your contact details available for other members who join.

Please read each description and choose the membership option that best suits you.

Full membership

Is for those members who are happy for their contact details to be given to new members who sign up who either live in their area or have gone through a similar experience.

Reserve membership

Is for those members who do not want their contact details sent to new members who join.

Associate membership

Is for organisations or persons working in the area of scoliosis.

Please note: Your details will only be used for SAUK's purposes and will under no circumstances be passed on to third parties.

If you would like to be connected with other members it would be helpful to know a few more details about what kind of person/the topics you would like to discuss. We will then do our best to match you with others on our database. Please tick the appropriate boxes to tell us about the experiences you would like to share:

Adults with scoliosis
Contacts for your child
Parents

Contacts from anywhere in the UK
Contacts only in your local area

Topics
Adolescent scoliosis
Adult scoliosis
Alternative therapies
Bracing
Infantile scoliosis

Neuromuscular scoliosis
Pain
Surgery
Other
Please specify: _____

Where did you hear about SAUK?

SECTION 4: PAYMENT DETAILS

Title: _____ First Name: _____ Surname: _____

Home Address: _____

_____ Postcode: _____

Membership costs £15 per year (£25 for overseas members)

a) Payment by cheque (made payable to Scoliosis Association (UK))

b) Payment by Standing Order (please complete details below)

To (Your Bank's Name): _____

Bank Address: _____

_____ Postcode: _____

Bank Account Number: _____ Bank Branch Sorting Code

**Please pay the SCOLIOSIS ASSOCIATION (UK) Sort Code 40-52-40 Account No. 00013507
CAF BANK LTD., 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ.**

The sum of £ _____ commencing on: _____ (dd/mm/yy)

And thereafter on same day* monthly/ quarterly/ annually (*delete as appropriate)

Signed: _____ Date: _____

Cash donation

In addition to my membership fee I would like to make a donation of £ _____

The donation is included as part of my Bank Standing Order / Cheque (delete as appropriate)

If your donation is for £15 we will use this to fund a person's membership who is unable to pay for it themselves.

Donation in kind

Become a SAUK Volunteer and donate your skills and experience to the charity. Whether it is time spent in our office, or simply displaying our leaflets we would be extremely grateful.

I would like to become a SAUK Volunteer and offer my time to do: _____

Gift Aid

SAUK can claim tax back on your membership / donation. This means that for every pound you give, we get an extra 25 pence from the Inland Revenue, helping your contribution go further with NO additional cost to you.

I am a UK Taxpayer and wish you to treat my current and all future membership/donations as Gift Aid.

Signature: _____ Date: _____

Please return to: Scoliosis Association (UK), 4 Ivebury Court, 325 Latimer Road, London, W10 6RA.