

1. Personal Details

please fill in the details of the person paying for the membership

Title	First Name	Surname		
_____	_____	_____		
Home address		Date of Birth	Gender	Male
_____		_____		Female
_____				prefer not to say
Postcode: _____		Mobile number	_____	
Country		Alternative phone number	Email address	
_____		_____	_____	

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

1a. Personal Details

Please fill the details of the person with scoliosis, if different from above

Title	First Name	Surname		
_____	_____	_____		
Home address		Date of Birth	Gender	Male
_____		_____		Female
_____				prefer not to say
Post code: _____		Alternative telephone	_____	
Mobile number		Relationship to membership fee payer:	_____	
_____		_____	_____	
Email address		_____		
_____		_____		

2. Scoliosis History

Type of scoliosis (medical name if known):

If the condition is secondary to another condition, please give details of the primary condition:

Have any other conditions been diagnosed?

Age the curve was first noticed: _____

When was the scoliosis first diagnosed?

Infant or child

Adolescent

Adult

What treatment has been received to date?: (tick relevant boxes and provide additional information if necessary)

Awaiting first appointment

Monitored by a specialist

Bracing

Surgery

Other

Type of Operation:

Type of Brace:

If a hospital has been attended please provide further details:

The hospital Attended: _____

Name of Consultant

If applicable, please give details of 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. pain or breathing problems?)

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.

You can read how we store and process your information at the end of this form, under Data Protection.

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. Full members will receive our magazine *Backbone* twice yearly, and our August Mail out.

Full membership

For those members who do not want their contact details sent to other members. Reserve members will receive our magazine *Backbone* twice yearly, and our August Mail out.

Reserve membership

For organisations or persons working in the area of scoliosis. Associate members will receive our magazine *Backbone* twice yearly, and our August Mail out.

Associate membership

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/topics you would like to discuss. We will do our best to match you with others on our database. Please tick the relevant boxes.

Contact Options

Adults with scoliosis

Contacts for you child

Parents

Early Onset Scoliosis

Adolescent scoliosis

Degenerative scoliosis

Infantile scoliosis

Bracing

Contact Options

Contacts in UK

Contacts only in your local area

Neuromuscular scoliosis

Syndromic Scoliosis

Kyphosis/kyphoscoliosis

Pain

Surgery

Other

Where did you hear about SAUK?

General Data Protection Regulations

The information you supply when completing your application form will be used in accordance with the General Data Protection Regulations and for the following purposes:

- to process information necessary to establish or maintain membership or support;
- to process information necessary to provide or administer activities for people who are members of the organisation or have regular contact with it;
- to keep the information while the individual is a member or supporter or as long as necessary for member/supporter administration.

SAUK will never sell your information to a third party organisation. We will send your name and address securely to a printing company to send you the magazine. The information you provide will be kept securely. If you have any questions or would like to cancel your membership at anytime please email membership@sauk.org.uk, call the office on 02089645343 or write to us at Unit 4, Iveybury Court, 325 Latimer Road, W10 6RA.

From time to time we would love to keep you updated on the work that we do to support those affected by scoliosis. If you would like to receive this information please tick the box below.

From time to time, I would like to hear about SAUK's activities, such as information on the International Scoliosis Awareness Day, and meetings.

Yes

4. Payment Details

Title _____ First Name _____ Surname _____

Home address _____ Post code _____

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

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

Payment by Standing Order (please complete details below)

To (your banks 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.

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Boost your membership/donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

Please tick the box if the following applies

I am a UK taxpayer. Please treat all donations I make or have made to Scoliosis Association (UK) for the past 4 years as Gift Aid donations until further notice. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. Please let us know if you want to cancel this declaration, change your home address or no longer pay sufficient tax by emailing membership@sauk.org.uk

Print name

Signature

Post Code

Date

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