



The Haemochromatosis Society

PO Box 6356 Rugby CV21 9PA

Office: 03030 401101 office@haemochromatosis.org.uk

Advice: 03030 401102 advice@haemochromatosis.org.uk

www.haemochromatosis.org.uk

Member Registration

If you are affected by genetic haemochromatosis (GH), or a family member is affected, please join The Haemochromatosis Society. As a patient organisation representing people with GH, we are stronger the more people join.

The subscription is just £24 a year (or £18 for those relying on state pension or benefits) and gives:

FREE copy of The Haemochromatosis Handbook
Delegate place at Annual Conference
Venesection record card
Monthly e-news bulletins
Posters for distribution to local health centres
Be part of a patient organisation with a strong voice

Certificate of membership
Voting rights at AGM
Wristband
Quarterly magazine newsletter
Calls to the GH advice line
Help us inform and support others

To join, please visit www.haemochromatosis.org.uk/join or complete the form below and send it with the Direct Debit to the address above.

Section 1. About You

Title Full Name

Institution or Organisation (if appropriate)

Address

Postcode Email

Daytime Phone Mobile Phone

Date of Birth Gender
(we don't send mailings to under 16's)

Section 2. About Your Haemochromatosis

This information in this section is all optional. If given, it is retained securely and never shared with any third parties. It is helpful for the charity when compiling statistics about haemochromatosis.

Please tick: Who in your family is or was affected by genetic haemochromatosis?

Myself

Spouse

Parent(s)

Grandparent(s)

Grandchild(ren)

Child(ren)

Other family member(s)

None (professional interest)

None of these

SUPPORT | RESEARCH | EDUCATION

Please tick: If you have GH please tell us the main symptoms that led to your diagnosis. Please only tick the symptoms that led to diagnosis, even if you have additional symptoms now.

- Arthritis / Joint pain* *Depression / mood swings / mental health issues*
- Breathing or heart problems* *Lethargy / tiredness / chronic fatigue* *Diabetes*
- Sexual health problems* *Early menopause / Menstrual irregularity* *Liver disease*
- Loss of body hair* *Skin Discolouration* *Abdominal pain*
- None, diagnosed by blood tests alone*
- None, diagnosed by genetic testing alone*

In what year were you diagnosed?

Do you know your genetic diagnosis?

At which hospital are you treated / examined?

Who is your consultant?

Specialisation (eg, gastroenterology, haematology, etc)

Section 3. Administration of Your Membership

Are you a UK taxpayer? I am a taxpayer and would like any subscriptions/donations to be treated as qualifying for Gift Aid until further notice. I have paid an amount of income tax or capital gains tax equal to the tax reclaimed.

Yes No *Unsure / Prefer not to say*

Do we have your permission to send you mailings by post or email? Mailing lists are NOT shared with any third party. You need to be on our mailing lists to receive our magazines. Please tick.

Yes, please add me to your mailing list(s) *No, please send only statutory notices*

How would you like to receive your newsletter? Please tick.

By post (standard) *By post (large print, sent using "Articles for the Blind")* *By email (PDF)*

Would you like to receive the following? Please tick.

Monthly email bulletin *Volunteer Alerts by email* *Money box for your change for the charity*

How did you hear about The Haemochromatosis Society?

The society is a membership organisation. Our constitution gives members voting rights at our AGM. The charity is a Company Limited by Guarantee; by joining you also agree to contribute the sum of £1 if the charity is ever wound up.

Please also complete the Direct Debit form on page 3.

Sign Date

A charity registered in England and Wales (1001307) and in Scotland (SC041701).
A Company Limited by Guarantee (2541361)

Section 4: Paying your Subscription

Name

Postcode

- ✓ Membership subscription **£24** per year; or
- ✓ Concessionary subscription **£18** per year
- ✓ Additional donation of **£** per year (thank you)

- ✓ Please collect my renewal subscription by Direct Debit each year * ; or
- ✓ I enclose a cheque for 1 year

- ✓ I am a taxpayer and would like donations to qualify for Gift Aid until further notice; I have paid an amount of income or capital gains tax equal to the tax reclaimed; or
- ✓ I am not a UK taxpayer



* Please complete this section to enable your bank or building society to make payments by Direct Debit. Thank you.

Name of bank/building society Sort code (6 digits)

Account holder(s) Account No (8 digits)

Please pay The Haemochromatosis Society Direct Debits from the account detailed in this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with the society and details will be passed electronically to my bank or building society.

Signed Date.....

Please return this form to: THS, PO Box 6356, Rugby, CV21 9PA

The Direct Debit Guarantee

The Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit the organisation will notify you 10 days in advance of your account being debited or as otherwise agreed. If you request the society to collect a payment, confirmation of the amount and date will be given to you at the time. If an error is made in the payment of your Direct Debit, by the organisation or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when the organisation asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify the society.