



CRI DU CHAT SYNDROME SUPPORT GROUP

MEMBERSHIP RENEWAL

Send to: Admin Office, PO Box 3408, Norwich, NR3 3WE

Title	Forenames	Surname	
Address		Telephone	
		Mobile	
		Email Address	
I would like to apply for the following level of membership Individual/Family <input type="checkbox"/> Professional <input type="checkbox"/> UK based £10 UK based £20 Europe based £13 Europe based £23 Rest of World £15 Rest of the World £15			
What were your reasons for contacting the Cri du Chat Syndrome Support Group? <input type="checkbox"/> I am the parent of a child with CdC <input type="checkbox"/> I am a relative/friend of a family with a child with CdC <input type="checkbox"/> Professional interest How did you find out about the group? If you don't mind we would like to know a little about your family. Name of child with CdC:..... D.O.B:..... gender:..... If you have other children please give a little information about these as well.....			
We also have many opportunities for families to get involved in the support group. I am interested in: Joining the Committee <input type="checkbox"/> Fundraising for the group <input type="checkbox"/>			
PAYMENT INFORMATION			PLEASE TICK
We enclose our subscription by payment of cheque (payable to Cri du Chat Syndrome Support Group) or by standing order We would like to pay by Standing Order and enclose our mandate form We have already submitted our payment via PayPal on/...../2012 Our Institution will make a payment on receipt of an invoice sent to the contact address above or other (please specify).....			
OFFICE USE ONLY			
MEMBERSHIP NUMBER		ADDED TO DATABASE	