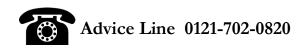
Membership Application Form



Being a member of Bladder Health UK gives you and the people that care about you, the knowledge and confidence to help you live positively with bladder illness.



Bladder Health UK - living positively with bladder illness!

Personal Details
Title: First Name: Surname:
Date of Birth:/ Age: Email:
Address:
Contact Telephone No(s)
Parent/carer details (if applicant is under 16)
Title: Surname: Surname:
Membership will remain in the parent/carer's name until the child reaches the age of 16

About Your Condition

Tick all that apply	Tick	Diagnosed		Tick	Diagnosed	
Bacterial Cystitis			Kidney Reflux			
BCG Induced Cystitis			Multiple Sclerosis			
Bladder Pain Syndrome			Neurogenic Bladder			
CAUTI			Nocturia			
Chronic Pelvic Pain			Non-Specific Urethritis			
Chronic UTI			Overactive Bladder			
Continence			Prolapse			
Cystitis Cystica			Radiation Cystitis			
Cystitis Glandularis			RUTI			
Enlarged Prostate			Trigonitis			
Eosinophillic Cystitis			Urethral Atrophy			
Fibromyalgia			Urethral Stricture			
Folicular Cystitis			Urethral Syndrome			
Fowlers Syndrome			Urinary Obstruction Outlet			
Haemorrhagic Cystitis			Vulvadynia			
Interstitial Cystitis						

About Your Treatments (Tick all that apply & specify medication where applicable)									
Cystoscopy									
Dilation		Uracyst		Antihistamine		(please list below)			
Distention		Kentera Patch		Antispasmodic		(Premot not below)			
DMSO		iAluril		Antibiotics					
Cystistat		Mirabegron		Anti-inflammatory					
Elmiron		Gepan		Stem Cell Therapy					
Neuromodulation		Hyacyst		Pelvic Floor Therapy					
Vesicare		Atarax		PTNS					
Privacy and Data Pro	otectio	on							
Here at Bladder Health	n UK	we take your pr	ivacy serious	ly and will only process	your	personal information in			
pursuance of the legitimate interests of the charity - to administer your account and to provide the products and services you expect as a subscription paying member.									
However, from time to time, we would like to contact you with details of additional services or products we would like to offer you or to advise of studies you may wish to take part in. If you consent to us contacting you for this purpose, please circle to say how you would like us to contact you:									
Post	o on on	Email							
1									
We never pass your details on to a third party without writing to you or telephoning you to ask for your consent.									
Local Group Information									
BHUK run local groups for members in parts of the UK. They are a useful way to connect with others and to share ideas									
If you wish to join a lo please tick here	ocal BI	HUK Group an	d have your o	details shared with the	group	co-ordinator,			
Membership Payme	nt De	tails							
provide you with. We	are alv	ways very gratef eted by chronic	ful for any ex bladder illnes	tra donation that you ness today and in the futu	nay be	er Health UK are able to e able to give that will further ease consider making an			
1. Joining Fee £5.00	(to cove	er the cost of your	new member pa	ck)					
2. Select Your Membership Type									
UK Individual	£2	0.00 a year	For adults of	or parents and carers of	child	ren under 16.			
UK Concessionary	£1	0.00 a year	registered u	adults or parents and carers of a child under 16 distered unemployed, students and those reliant on a state pension benefits only.					
Overseas Members	hip £	25.00 a year							
Voluntary Donation	1								
Total First Year Pag	yment								
(joining fee £5.00 +	Mem	bership Fee)	£	· ·					

Membership Paymen	t Details - pleas	e select one	of the follow	ing option	ns				
I enclose a cheque/p	oostal order mad	e payable to	Bladder Hea	lth UK					
Please debit my	Mastercard								
	Visa								
Card Number									
Expiry Date	/								
CVC no (last 3 digits or	n reverse)								
I am paying by Standing my bank or on-line by							· ·		nent at
(Please complete the fo	ollowing details so	o we can upo	date our reco	rds)					
Standing Order Detail	ils								
Payee	Bladder Health UI	K							
Sort Code:	08-92-99	Account I	Number:	6580943	37				
Reference	(Please enter you	r name and po	ostcode during	set up)					
Frequency	Annu	ıal	Quarterly	M	onthly				
Start Date:									
Have You Made An	Additional Don	ation? If So	We Can Cla	nim Gift A	Aid				
Boost your donation b	y 25p of Gift Aic	l for every £	(1.00 you don	ate!			gi	ftaid v	t
I want Bladder Health and those I make in th		-		y donation	ns I hav	ve mad	de in th	e past fou	r years
I am a UK taxpayer an of Gift Aid claimed on					-				
Bladder Health UK if I		-		-	me or a	addres	s chang	ge.	