Title	First	Last	
House Number	Street		
Town	City	Post code	
Telephone numbe	er	Mobile number	
Email address			
Are you a patient,	relative or a friend?	If other, please state	
If you were, are, or are going to be a patient, please complete the following:			
Type of operation	or problem		
Age at time of surg	gery		
Date of surgery			
If you know someone who is already a member, please enter their name here.			
I undertake to post my <b>MEMBERSHIP FEE</b> within 7 days to:			
Membership Secretary, The Ticker Club, North West Heart Centre, Wythenshawe Hospital, Southmoor Road, MANCHESTER. M23 9LT			
Please make all cheques payable to: <b>The Ticker Club</b>			
_	mbership: £10.00 per annum bership: £15.00 per annum (two	people living at same address)	
Signature:		Date:	