



Membership Application form

Title : First name(s) : Surname :

House name/number : Street :

Town/city : Post code :

Telephone number : Mobile number :

Email address :

Are you a patient, relative or friend? Other link?

If you are, or are going to be, a patient, please complete the following :

Type of operation or problem :

Age at time of surgery :

Date of surgery :

Do you know someone who is already a member (name)? :

I undertake to post my **MEMBERSHIP FEE** within 7 days to :

**Membership Secretary, The Ticker Club, North West Heart Centre,
Wythenshawe Hospital, Sothmoor Road, MANCHESTER M23 9 LT**

Please make all cheques payable to : **The Ticker Club**

Single membership : £10.00 per annum

Dual membership : £15.00 per annum (two people living at the same address)

As a member I shall be happy for The Ticker Club to communicate with me by :

Post (AGM, newsletter, etc) **YES / NO** : Email **YES / NO** : Phone **YES / NO**

The Ticker Club promises that we will keep your personal information safe and private and that we will not share it with or sell it to any outside organisations

Signature : Date :