



## 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, Southmoor 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*