



Bladder Health UK Membership Application Form

Please complete the form and post to the above address or email to info@bladderhealthuk.org

Under the Data Protection Act, Bladder Health UK has a legal duty to protect any information we collect from you. We use appropriate technologies to safeguard your data and keep strict security standards to prevent any unauthorised access to it. We do not pass on your details to any third party unless you give us permission to do so.



PERSONAL INFORMATION

Title		Daytime Tel.	
Name		Email Address	
Address		Date of Birth	
		Occupation	
County			
Postcode			

ABOUT YOUR CONDITION

Duration	(How long have you suffered from your condition?)					
Your Condition			Specialist Seen			
<i>Tick all that apply</i>	Tick	Diagnosed	Urologist	Gynae.	Other	None
Interstitial Cystitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacterial Cystitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overactive Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT YOUR TREATMENTS (Tick all that apply & specify medication where applicable)

Cystoscopy	<input type="checkbox"/>	Antidepressant	
Dilation	<input type="checkbox"/>		
DMSO	<input type="checkbox"/>	Antihistamine	
Cystistat	<input type="checkbox"/>		
EMDA	<input type="checkbox"/>	Antispasmodic	
Elmiron	<input type="checkbox"/>		
Cimetidine	<input type="checkbox"/>	Anticholinergic	
Neuromodulation	<input type="checkbox"/>		
Vesicare	<input type="checkbox"/>	Antibiotics	
Botox	<input type="checkbox"/>		
Uracyst	<input type="checkbox"/>	Anti-inflammatory	
Kentera	<input type="checkbox"/>		
iAluRil	<input type="checkbox"/>	Other Medication & Medical History (use separate sheet if necessary)	
Mirabegron	<input type="checkbox"/>		
Gepan	<input type="checkbox"/>		
Catheter User	<input type="checkbox"/>		
Atarax	<input type="checkbox"/>		



Bladder Health UK

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Kings Court
17 School Road
Hall Green
Birmingham
B28 8JG

GENERAL INFORMATION

How did you hear about us?

Yes No

Would you like to be in contact with a local Bladder Health UK group or Phone Pal? Yes No

We are occasionally approached by the media. Would you be willing to provide a case study to be used in a press article to help to raise awareness of bladder conditions? Yes No

As a charitable organisation Bladder Health UK relies on donations and fundraising.

Would you be interested in any fundraising activities in the future? Yes No

You will not be obliged to participate in any activities

Would you like access to the Members Only Forum on our Website Yes No

Please state your user name:

MEMBERSHIP INFORMATION

Joining Fee	£5 (to cover the cost of the new member pack)	
Membership Type	Waged	Unwaged
Membership for UK Residents	£20 <input type="checkbox"/>	£10 <input type="checkbox"/>
Membership for Overseas Residents	£25 <input type="checkbox"/>	£20 <input type="checkbox"/>
Total first-year payment (Joining Fee £5 + Membership Fee)	£	
Voluntary Donation	£	
Total Payment	£	
Payment Method	Cheque/Credit Card/Standing Order	

Cheques should be made payable to:
Bladder Health UK

For Credit/Debit card payments:
Call **0121 702 0820** with your card details

STANDING ORDERS

Paying by standing order helps reduce our administration time and costs so we can maximise your donations. Setting up the standing order is easy to do and you are in total control of the payments. You can setup the regular payment at your bank or if you have online banking, enter the details below in the regular payment section of your account. If you need any help then please ask and we'll gladly assist you.

Please complete the amount and frequency below so we can update our records.

STANDING ORDER DETAILS

Sort Code:	08-92-99	Account Number:	65809437		
Payee:	Bladder Health UK				
Reference:	Please Enter Your Name & Postcode During Setup				
Frequency:	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	Start Date:	
Amount:					

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Make your subscription and donations worth more. For every pound you give us, we can claim an additional 25p from the Inland Revenue. Just tick the boxes below and we'll do the rest.

I am a Tax Payer

Please Claim Gift Aid on my Donations

I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that the charity will reclaim on my gifts for that tax year. I understand the charity will reclaim 25p on tax on every £1 that I give.

I will notify the charity if I wish to cancel this declaration, change name or address, or no longer pay sufficient tax on your income and/or capital gains tax.

Signed: _____

Date: _____