CAITHNESS LUPUS SUPPORT GROUP

Application For Membership

I apply for membership of Caithness Lupus Support Group and enclose my cheque/p.o.
Payable to Caithness Lupus Support Group for the amount of £_____

Title _____

Christian Name(s) _____

Surname _____

Address _____

_____

_____

Postcode _____

Tele _____

Mob _____

Email _____

Please tick appropriate box

Do you have Lupus **Yes** ☐
No ☐

Membership Fees

Lupus Members	£1.00
Support Members	£4.00

To help with admin costs please tick a box of your preference.
(please note all publications can be viewed on our new website - www.caithnesslupus.btck.co.uk).

To Receive Publications By Post **Yes** ☐
No ☐

Signature _____

Date _____

Please complete all sections of this form and send it to:-
Wendy Shearer
66 Macaulay View
Thurso
KW14 7SL