



LUPUS UK

MEMBERSHIP APPLICATION FORM

(BLOCK CAPITALS PLEASE)

Title (e.g. Mrs) & First name.....Surname.....

Address.....

.....

.....

.....Postcode.....

Tel Noy.o.b.....

E-mail.....

I wish to become a member of LUPUS UK and enclose my cheque/PO payable to WEST MIDLANDS LUPUS GROUP for:

£.....(£10 per person)

£.....(£15 Joint Membership – 2 people at same address)

£.....(Donation if wished – thank you)

£.....Total

Please return to:

WEST MIDLANDS LUPUS GROUP
8, Legge Lane
Coseley
West Midlands
WV14 8RQ

Your application will be acknowledged and relevant member papers mailed

I would like LUPUS UK to treat my subscription and any donations that I make as Gift Aid Donations.

Signed.....Date

I confirm that I have paid income tax or capital gains tax at least equal to the tax that LUPUS UK reclaims

LUPUS UK www.lupusuk.org.uk
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Tel: 01708 731251

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