

# M.E.SUPPORT - NORFOLK

## Membership Form

Name.....Signature.....

Address.....

Telephone.....Date.....

Email.....

I enclose a Subscription -

Single Membership £10 / Family Membership £15

For Family Membership, please provide the name of the Family Members:

Family Member .....

Family Member ..... £.....

I enclose a Donation ..... £.....

Total ..... £.....

Please make cheque payable to: **M.E.Support-Norfolk**

D Ward, Fieldview, 23 Melton Road, Hindolveston, Dereham NR20 5DB

Or Bank Transfer :

M.E. Support Group Norfolk : Sort Code: 20 - 92 - 08 : Account No: 80324574

Your Full Name as a reference and Email Dan at [mesnorfolk@btinternet.com](mailto:mesnorfolk@btinternet.com) to tell us you have paid. If paying by Bank Transfer due to GDPR rules we still require a signed membership form.

### **DATA PROTECTION:**

**TO ENSURE YOU RECEIVE THE FULL BENEFITS OF OUR MEMBERSHIP  
WE NOW REQUIRE YOUR PERMISSION TO DO SO:**

If we may contact you, please tick the relevant boxes.

BY PHONE		BY POST		BY TEXT		BY EMAIL	
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We assure you that your details will never be sold.

We will only use them to ensure that you receive our bi-monthly newsletter (MEMO) and to inform you about any news about the illness, upcoming events, fundraising or other items of legitimate interest. But remember, you're in control. You have the right to opt out of our communications at any time. Just let us know

**M.E. SUPPORT-NORFOLK**

Mobile: 07823 407966

Email: [mesnorfolk@btinternet.com](mailto:mesnorfolk@btinternet.com)