 **Birmingham IA**

**Membership Form**

**Title:** (Mr., Mrs., Ms., Miss, Other \_\_\_\_\_\_\_\_\_\_\_\_\_)

**First Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Last name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Postcode:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone (home)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone (mobile)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Surgery type**: (Ileostomy, Internal Pouch, Colostomy, Urostomy.)

**How did you find out about Birmingham IA?** (Word of mouth, stoma nurse, internet search, IA Visitor, other?

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**Additional Information:** (Please add anything you would like us to know)

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**Payment Details:**

* £15 per year for anyone under 60 years of age
* £10 per year for anyone 60 years of age and over

**I have made payment to Birmingham IA by BACS using**

**Sort Code:** HSBC 40-42-12 **Account number:** 12455943

**I have given my last name as a reference in the BACS information box.**

**OR**

I enclose a cheque for £15 or £10 as applicable.

**Gift Aid:** I am a tax-payer and have completed and enclose a Gift Aid form.

**Please return by post** to Mike Jameson, 27 Plants Close, Sutton Coldfield, West Midlands B73 5DH