



MEMBERSHIP FORM

FOR FRIENDS OF ATAXIA IRELAND

NAME:

ADDRESS:

.....

Telephone: **Mobile:**

E-mail:

Please send information to me by: Post E-mail

How did you hear about Ataxia Ireland

I would like to receive notification about Socials **Yes** **No**

I would like to receive the Newsletter **Yes** **No**

Would you like to help? If so, please specify: **Volunteer on holiday respite week**

Fundraising (e.g. Marathon, Mini Marathon, specialised event)

Other - please specify below:

.....
.....

Signed: **Date:**

Membership No. *(office use only)*