

So that we can collate a 'profile' of our membership, please tick the box which best describes how every applicant is affected by SMA:

Applicant Number	1	2	3	4
I have SMA				
I am a relative of someone with SMA				
I work professionally with people with SMA				
I am none of the above but have an interest in SMA				
Other—please specify:				

We are committed to ensuring that any information we hold about you is secure. In order to prevent unauthorised access or disclosure, we have put in place suitable physical, electronic and managerial procedures to safeguard and secure the information we collect. The information you have disclosed in this form will only be used for membership-related purposes. It will not be disclosed to any third parties.

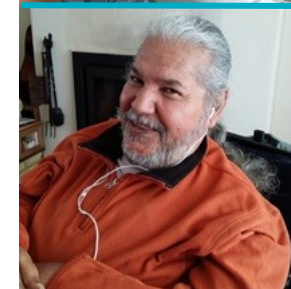
Please either scan or email this form to: office@smauk.org.uk

Or post to:

SMA UK
 40 Cygnet Court
 Timothy's Bridge Road
 Stratford-upon-Avon
 CV37 9NW

Become a Member

Join SMA UK



Why become a member?

SMA UK is registered with the Charities Commission as a membership organisation.

Members take an interest in how we run the organisation. They can contribute their ideas about how we can best meet the needs of people in the SMA Community. They elect our Trustees who are responsible for guiding and overseeing the charity. Trustees make sure we are doing our best to respond to the needs of people in the SMA Community and that we spend the money donated to us responsibly and carefully.

Membership is free.



Who can become a member?

Anyone aged over 18 and living in the UK may become a member.

You don't have to be a member to use our services which are also free to anyone affected by any form of SMA anywhere in the UK.

Household Membership Application Form

Correspondence will be addressed to whoever puts their name in the first line below.

I/We wish to become members of Spinal Muscular Atrophy UK. I/we wish to receive membership correspondence and other communications about services, research, events, awareness and fundraising campaigns.

	Family Name	First Name(s)	Title	Signature
1				
2				
3				
4				

Postal Address:

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Email Address:

Home Phone No: Mobile No: