



# MEMBERSHIP APPLICATION

Please complete the following:

**Title:** Mr, Mrs, Miss, Ms, (please circle)

**First name:** .....

**Surname:** .....

**Address:** .....

.....

.....

.....

..... **Post Code:** .....

**Telephone No:** .....

Are you a Patient/ Relative/ Friend (please circle)

Are you interested in being on the committee ? **Yes / No**

(please circle)

## THANK YOU FOR YOUR SUPPORT

There is no joining fee. Please return to:

Shetland Kidney Patients Association

Market House

14 Market Street

Lerwick

Shetland ZE1 0JP