

Membership Application Form



Advice Line 0121-702-0820

Being a member of Bladder Health UK gives you and the people that care about you, the knowledge and confidence to help you live positively with bladder illness.



Bladder Health UK

Bladder Health UK - living positively with bladder illness!

Personal Details

Title: First Name: Surname:

Date of Birth:/...../..... Age: Email:

Address:

.....

Contact Telephone No(s).....

Parent/carer details (if applicant is under 16)

Title: First Name: Surname:

Membership will remain in the parent/carer's name until the child reaches the age of 16

About Your Condition

Tick all that apply	Tick	Diagnosed		Tick	Diagnosed
Bacterial Cystitis			Kidney Reflux		
BCG Induced Cystitis			Multiple Sclerosis		
Bladder Pain Syndrome			Neurogenic Bladder		
CAUTI			Nocturia		
Chronic Pelvic Pain			Non-Specific Urethritis		
Chronic UTI			Overactive Bladder		
Continence			Prolapse		
Cystitis Cystica			Radiation Cystitis		
Cystitis Glandularis			RUTI		
Enlarged Prostate			Trigonitis		
Eosinophilic Cystitis			Urethral Atrophy		
Fibromyalgia			Urethral Stricture		
Follicular Cystitis			Urethral Syndrome		
Fowlers Syndrome			Urinary Obstruction Outlet		
Haemorrhagic Cystitis			Vulvodynia		
Interstitial Cystitis					

About Your Treatments (Tick all that apply & specify medication where applicable)

Cystoscopy	<input type="checkbox"/>	Botox	<input type="checkbox"/>	Parsons Solution	<input type="checkbox"/>	Other Treatment
Dilation	<input type="checkbox"/>	Uracyst	<input type="checkbox"/>	Antihistamine	<input type="checkbox"/>	(please list below)
Distention	<input type="checkbox"/>	Kentera Patch	<input type="checkbox"/>	Antispasmodic	<input type="checkbox"/>	
DMSO	<input type="checkbox"/>	iAluril	<input type="checkbox"/>	Antibiotics	<input type="checkbox"/>	
Cystistat	<input type="checkbox"/>	Mirabegron	<input type="checkbox"/>	Anti-inflammatory	<input type="checkbox"/>	
Elmiron	<input type="checkbox"/>	Gepan	<input type="checkbox"/>	Stem Cell Therapy	<input type="checkbox"/>	
Neuromodulation	<input type="checkbox"/>	Hyacyst	<input type="checkbox"/>	Pelvic Floor Therapy	<input type="checkbox"/>	
Vesicare	<input type="checkbox"/>	Atarax	<input type="checkbox"/>	PTNS	<input type="checkbox"/>	

Privacy and Data Protection

Here at Bladder Health UK we take your privacy seriously and will only process your personal information in pursuance of the legitimate interests of the charity - to administer your account and to provide the products and services you expect as a subscription paying member.

However, from time to time, we would like to contact you with details of additional services or products we would like to offer you or to advise of studies you may wish to take part in. If you consent to us contacting you for this purpose, please circle to say how you would like us to contact you:

Post

Email

Telephone

We never pass your details on to a third party without writing to you or telephoning you to ask for your consent.

Local Group Information

BHUK run local groups for members in parts of the UK. They are a useful way to connect with others and to share ideas

If you wish to join a local BHUK Group and have your details shared with the group co-ordinator, please tick here

Membership Payment Details

Membership fees are an essential contribution to the services and support that Bladder Health UK are able to provide you with. We are always very grateful for any extra donation that you may be able to give that will further our work to help those affected by chronic bladder illness today and in the future. Please consider making an additional donation when you complete the payment section below.

1. **Joining Fee** £5.00 (*to cover the cost of your new member pack*)

2. Select Your Membership Type

UK Individual	£20.00 a year	For adults or parents and carers of children under 16.
UK Concessionary	£10.00 a year	For adults or parents and carers of a child under 16 registered unemployed, students and those reliant on a state pension or benefits <u>only</u> .

Overseas Membership £25.00 a year

Voluntary Donation

Total First Year Payment

(joining fee £5.00 + Membership Fee)

£ _____

Membership Payment Details - please select one of the following options

I enclose a cheque/postal order made payable to Bladder Health UK

Please debit my Mastercard

Visa

Card Number

Expiry Date /

CVC no (last 3 digits on reverse)

I am paying by Standing Order to help reduce administration time and costs. I will be setting up the payment at my bank or on-line by entering the details below in the regular payment section of my account.

(Please complete the following details so we can update our records)

Standing Order Details

Payee Bladder Health UK

Sort Code: 08-92-99 **Account Number:** 65809437

Reference (Please enter your name and postcode during set up)

Frequency Annual Quarterly Monthly

Start Date:

Have You Made An Additional Donation? If So We Can Claim Gift Aid

Boost your donation by 25p of Gift Aid for every £1.00 you donate! *giftaid it*

I want Bladder Health UK to claim Gift Aid on my donation, any donations I have made in the past four years and those I make in the future until I notify you otherwise.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that year, it is my responsibility to pay the difference, I will inform Bladder Health UK if I am no longer eligible to claim Gift Aid or if my name or address change.

Signature.....

Date:/...../.....