

Lincolnshire Neurological Alliance
Enquiry and Membership Form

- I would like to find out more about the work of the Lincolnshire Neurological Alliance. []
- I am interested in helping []
- I would like to become a member []
- I would like to make a donation []

Please Print Clearly

My Name

Address

.....

.....

Post Code

Tel:-

Fax:-

Email:-

Condition

Organisation

Professional

Fee £

Donation £

Total enclosed £ [Cheques should be made payable to LNA]

I am/am not a tax payer

[Please delete as appropriate to allow us to reclaim tax and increase the value of your membership fee and/or donation]

Signature Date

Organisation

Detach and post to

LNA, PO Box 1221, Lincoln, LN5 5NE

Thank you for your support

Registered Charity No. 1101774