

Bristol Area Kidney Patients Association

Membership Application

Patient's full name and address:

Mr/Mrs/Miss/Ms: _____

Address: _____

Postcode _____ Tel: _____

Mobile: _____

Type of patient:

Haemodialysis CAPD Transplant

Carer's full name and address:

Mr/Mrs/Miss/Ms: _____

Address: _____

Postcode _____ Tel: _____

Mobile: _____

Relationship to Patient (if any):

I/We am/are interested in helping with the following:

Fundraising Social Events Committee Work

Can you sell Raffle Tickets for our Annual Social? 5 tickets per book at 50p per ticket. How many books would you like _____