

Application for Membership

I apply for membership of LUPUS UK and enclose my cheque/p.o. payable to 'LUPUS UK'

Title: Mr / Ms / Mrs First name:

Surname: Date of Birth:/...../.....

Address:..... Email:

..... Membership Fee: £.....

..... (plus donation if wished, thank you)

Postcode: Tel:.....

Annual Rates

Single Membership	£10pa
Joint Membership **	£15pa
Single Overseas Membership	£30pa
Joint Overseas Membership**	£40pa
Single Digital Overseas Membership	£10pa
Joint Digital Overseas Membership	£15pa

**both at same address

Please send me the **LUPUS UK Sales Brochure** (containing Christmas cards and gifts) in September each year.

I am happy to be contacted by post and/or email in the future to inform me about **LUPUS UK fundraising events and/or appeals.**

GIFT AID DECLARATION

I wish LUPUS UK to treat any membership fees / donations made by myself as Gift Aid donations

Signature: Date:

I confirm I pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on my donations in the tax year (currently 25p per £1)

IF WISHING TO REMIT BY STANDING ORDER, PLEASE TELEPHONE FOR THE INSTRUCTION FORM

PLEASE COMPLETE RELEVANT SECTIONS OF THE FORM AND SEND TO THE ADDRESS BELOW

LUPUS UK

St James House, Eastern Road, Romford, Essex RM1 3NH
Tel: 01708 731251
WWW.LUPUSUK.ORG.UK
Reg Charity No. 1200671

Hon Life President: Professor Graham RV Hughes MD FRCP
Chief Executive Officer: Caroline Olshewsky