

# MESH cornwall

ME/cfs SUPPORT, HELP and ACTION

Membership Form

be heard, be counted, belong

TITLE ..... FIRST NAME ..... SURNAME .....  
ADDRESS .....

POST CODE ..... TELEPHONE NUMBER .....

Patient/Carer/Other ..... Male/Female ..... Age .....

ME/ CFS Condition: Moderate..... Moderate to Severe ..... Severe .....  
Working Condition: Unable to work .... Part-time ..... Full time .....  
Living Condition: Alone ..... With a partner .... With a dependant adult ....  
With children ..... If so how many .....

Length of Illness ..... Date of Diagnosis .....

Suspected trigger for ME/CFS .....

Would you like to be contacted by other MESH cornwall members? YES/NO .....

Where did you hear about MESH cornwall? .....

I enclose my first annual subscription for £10.00. Cheque(s) payable to MESH.

**OR:** I have completed the standing order form below.

**Please** return the completed form (remember to sign your cheque(s) or standing order)

**TO:** **MESH cornwall**, Membership Secretary, Frances Paull  
Revelstone, Idless, Truro, TR4 9QS  
Telephone: 01872 242363 email: fran@idless.com

ALL DETAILS ABOVE ARE CONFIDENTIAL WITHIN *MESH CORNWALL* & WILL NOT BE RELEASED TO ANY INDIVIDUALS OR ORGANISATIONS WITHOUT YOUR PERMISSION. IF YOU FEEL THAT ANY QUESTION IS INTRUSIVE, PLEASE DO NOT ANSWER IT.  
*MESH CORNWALL* WILL NOT KEEP A RECORD OF YOUR BANK DETAILS.

**Standing Order Form** for membership of *MESH cornwall*. We will send this to your bank. We will not hold your details.

Your Name: .....

Your Address: .....

Your Post Code..... Your Telephone Number .....

TO THE MANAGER OF ..... **BANK**  
YOUR BANK ADDRESS & POST CODE

**SORT CODE**..... **PLEASE DEBIT MY ACCOUNT NUMBER** .....

**IN THE NAME OF** .....

Pay £10 now and then on the 1<sup>st</sup> April annually, until further notice from me in writing the sum of £7.50 (seven pounds and fifty pence).

TO: *MESH* Account Number: 2380838 Sort Code: 30-98-76

Lloyds TSB Bank PLC, 7 Boscawen Street, Truro, TR1 2QT. Please quote my surname and initial on the payments.

**MESH member signature** ..... **Date** ...../...../.....