

**East of Scotland Branch of Ataxia UK
Members' voluntary subscriptions.**

Please send a contribution if you can - £5 per household is suggested.

Family Name (s) _____

First Name (s) _____

Address _____

_____ Postcode _____

Contact telephone numbers:

Home _____

Mobile _____

Other _____

E mail address(es): _____

Please send a cheque, payable to **East of Scotland Branch of Ataxia UK** to:

Frances Wright,
Treasurer, East of Scotland Branch of Ataxia UK
9 Colinton Mains Terrace,
Edinburgh
EH13 9AT

To the Secretary:

Please add my / our name and address / telephone numbers / email addresses to the Branch database.

I am happy for my details to be recorded for Branch purposes only.
(NB we do not share this information with any other person or organisation apart from our parent organisation, Ataxia UK).

Signed _____ Date _____