



Membership Form
(Please print, complete and send to address at bottom of page)

Title

First Name

Middle Name

Surname

Address

.....

.....

Post Code

Telephone

Email Address

Membership **Patient.....Carer.....Other.....**(Please Tick)

Tax Deductible
Donation £.....(Please make cheques payable to PHA (UK))

I pay tax at the standard rateI am not a tax payer.....
(Please Tick)

Return To
Unit 3A, Enterprise Court, Farfield Park, Manvers, Rotherham, South
Yorkshire, S63 5DB

Registered Charity No. 1120756