AKPA MEMBERSHIP FORM
(Runs from 1st July each year)

BLOCK CAPITALS PLEASE

Surname Mr/Mrs/Miss .....

Forenames .....

Address .....

.....

Post Code .....Tel. No.

Please tick appropriate box(es) below.

Individual Membership ❒

Family Membership ❒ Up to four persons at the same address.

Note: that only the first named individual will be eligible to vote at AKPA General Meetings.

Names of family members

.....

First named member is:–

Unit haemodialysis patient	❒
Home haemodialysis patient	❒
CAPD/CCPD/IPD patient	❒
Transplant patient	❒
Pre dialysis patient	❒
Medical staff	❒
Nursing staff	❒
Friend of AKPA	❒

My annual subscription is enclosed £ .....
(recommended figure £2 individual membership or £3 inclusive family membership)

Cheques to be made payable to AKPA Ltd.

I am willing to help AKPA with ..... ❒

I am willing to help with supermarket & street collections ❒

Signed .....Date.....

Please complete this form and send back to:
AKPA, PO Box 608, FREEPOST RRKT-RBGX-AETR, Cambridge CB1 OGJ