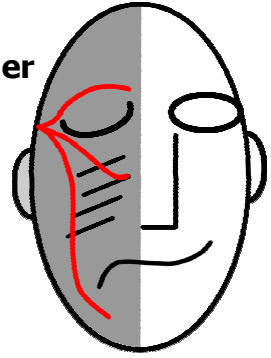


# WEB FORM

## Membership Application Form

Facing Pain Together



Please return to: **Trigeminal Neuralgia Association UK**  
**PO Box 234, Oxted, Surrey, RH8 8BE**

We are covered by, and adhere strictly to, the Data Protection Act and any details which you provide will be kept on a secure database and not passed to any other organisation.

If you wish, your name will be included on a contact sheet which is sent to a Local Support Group leader in your area if there is one. You will then be able to contact and meet others for additional support.

<b>Mr/Mrs/Ms/Dr:</b>	<b>First Name:</b>	<b>Telephone No:</b>
<b>Surname:</b>		<b>Email:</b>
<b>Address:</b>		<b>Date of Birth (optional):</b>
		<b>Today's Date:</b>
		<b>How did you hear of the TNA?</b>
<b>County:</b>	<b>Postcode:</b>	<b>ID No:</b> (for office use only)

### THE FOLLOWING DETAILS WILL BE TREATED IN THE STRICTEST CONFIDENCE

Please complete the following, writing as clearly as possible.

#### Diagnosis

I have been diagnosed with Trigeminal Neuralgia      Yes      Approximate Date      No  
      .....     

Please feel free to include any other information (e.g., "I also have MS", "I have been given a diagnosis of ....")

#### Medication

I am currently taking medication for TN (please state which, together with dosages, if possible):

Are you satisfied with the result and are you experiencing any side effects?

#### Surgery

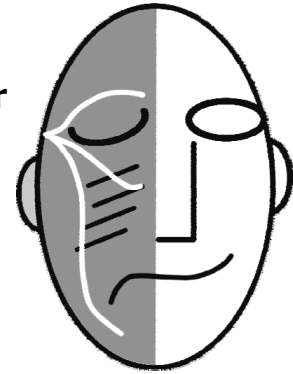
Have you had any surgical procedures? If so, please state which: .....

<b>Subscription</b> (If you cannot make a financial contribution but wish to become a member, please let us know)	£
I am enclosing my annual membership fee of £15 (membership runs from 1st April each year) .....	
I am including a donation of .....	
<b>Please make cheques payable to: TNA UK</b> (Gift Aid Form attached)	<b>Total</b> _____

<b>Contact List for Local Support Groups</b>	<b>Yes</b>	<b>No</b>
I would like to add my name and address to the LSG Contact List	<input type="checkbox"/>	<input type="checkbox"/>
<i>(A brief description of your medication/surgical procedures will be added to this list, which is sent only to the Local Support Group Leader in your area.)</i>		
If Yes, I am happy for my LSG leader to contact me regarding local events by	email	<input type="checkbox"/>
	telephone	<input type="checkbox"/>
	letter	<input type="checkbox"/>

## Gift Aid Form

Facing Pain Together



Please return to:

**Trigeminal Neuralgia Association UK  
PO Box 234, Oxted, Surrey, RH8 8BE**

*giftaid it*

Using Gift Aid means that for every pound you give, the charity you are supporting will receive an extra 28 pence from the Inland Revenue, helping your money go further. Imagine what a difference that could make, and it doesn't cost you a thing. So if you want your donation/subscription to go further, Gift Aid it by just completing the section below.

I would like my donation to the Trigeminal Neuralgia Association, all future donations and all donations I have made for the six years prior to this year, unless I specify to the contrary, to be made using Gift Aid. My details are:

First name: ..... Surname: .....

Home address: .....

.....

.....

Postcode: .....

Date: ..... Signature: .....

To qualify for Gift Aid, what you pay in Income Tax or Capital Gains Tax must at least equal the amount the charity will claim in the tax year (currently 28p for each £1 you give).

Trigeminal Neuralgia Association UK, PO Box 234, Oxted, Surrey RH8 8BE

Tel: 01883 370214

[www.tna.org.uk](http://www.tna.org.uk)

Registered Charity No. 1093022