



MEMBERSHIP FORM

FOR FAMILY MEMBERS OF A PERSON WITH AN ATAXIA

No. 1

Name:

Address:

.....

Tel: Mobile:

E-mail: Date of Birth:

Relationship to the member with Ataxia:

Please send information to me by: Post E-mail

Signed: Date:

Membership No. *(office use only)*

No. 2

Name:

Address:

.....

Tel: Mobile:

E-mail: Date of Birth:

Relationship to the member with Ataxia:

Please send information to me by: Post E-mail

Signed: Date:

Membership No. *(office use only)*