



MEMBERSHIP FORM

FRIENDS OF ATAXIA FOUNDATION IRELAND

Name:

Address:

.....

Tel: Mobile:

E-mail: Date of Birth:

Relationship to the member with Ataxia:

Please send information to me by: Post E-mail

How did you hear about Ataxia Foundation Ireland:

.....

I would like to receive information about members events: Yes No

I would like to receive a Newsletter (Only available via E-mail or download): Yes No

Would you like to help?, If so, please specify:

Volunteer on Holiday/Respite Fundraising (i.e Marathon /Mini, Walks, Specialised)

Others please specify.....

Signed: Date:

Membership No. (office use only)