

Friends of ParkinsonsCSUK Membership Form

Title: First Nam	e:	Surname:		
Date of Birth:	Email Address:			
What is your connection to Parkinson's? Please select from the below.				
I have Parkinson's I am a	carer My partner or	family member ha	s Parkinson's	
I am a healthcare professiona	al I work with peopl	e with Parkinson's	I work in Research	
Other (please give further in	nformation)			
Address Line 1:				
Address Line 2:				
County:	F	ost Code:		
Telephone No:	N	lobile No:		
Have you ever used any of the	ne following Parkinsor	's Care and Suppo	ort UK services?	
Exercise Classes	Physiotherapy	Res	pite Care	
Parkinson's Mental Health H	ub PDTogether So	ocials Info	ormation Webinars	
Occupational Therapy	Visiting Care	Micrographia Wor	kshops	
What services do you curren	itly benefit from?			
Exercise Classes	Physiotherapy	Res	spite Care	



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Parkinson's Mental Healtr	i Hub PD i ogeth	er Socials	Informatio
Webinars			
Occupational Therapy	Visiting Caro	Micrographia	Markshans
Occupational merapy	Visiting Care	iviici ogi apilia	VV OI KSIIUDS

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Are yo	u currently a regular donor of the charity? Yes/ No
Have y	ou ever donated to Parkinson's Care and Support UK? Yes/ No
Please	tick the following that interest you:
Exercis	se Classes Physiotherapy Respite Care Research
Parkins	son's Mental Health Hub PDTogether Socials Information Webinars
Occupa	ational Therapy Visiting Care Micrographia Workshops Events
Charity	Partner Products and Services Volunteering Fundraising
Comple	ementary Therapies Parkinson's Centre for Integrated Therapy
access Parkins events 1 or 3 i	iend of ParkinsonsCSUK, you will receive several benefits and priorities including free to therapies, discounts and on products and services, access to highly regarded son's therapists and healthcare professionals, regular e-news updates, free access to and webinar and much more. The annual subscription is £120 which must be paid in instalments at the time of submitting this form. This membership plays a crucial role ling our services and maintaining the running of the charity.
Please	confirm which of the following apply:
1.	I have paid £120 via on (date)
2.	I wish to pay 3 instalments of £40 via and have paid the 1 st instalment on (date)
3.	I currently donate £10 or more to PCSUK, have donated at least £120 in the past 12 months and will continue to make my monthly donations.
PRINT	FULL NAME Signature