

FORWARD MEMBERSHIP FORM

Suite 2.1 Chandelier Building, 8 Scrubs Lane. London NW10 6RB Charity registration No 292403

To be completed by membership applicant:

I, _____ wish to become a member of the Foundation for Women's Health, Research and Development (FORWARD).

I enclose a cheque for the Annual Membership Fee for the amount of:

£25

£15 (Students and Unwaged)

Mr Mrs Ms (delete as appropriate)

Address: _____

First Name: _____

Surname: _____

Telephone: _____

Postcode: _____

Email: _____

Signature _____

Date: _____

Please return this form to FORWARD with your Annual Membership Fee. Upon receipt you will be sent a membership certificate to sign and return to us after which you will be considered a Member of FORWARD which gives you voting rights at our AGM and allows you to stand for election onto the FORWARD Board of Trustees.

To be completed by FORWARD:

Date Received: _____

Fee Received: _____

Date Certificate Sent Out _____

Date Certificate Received Back _____

Certificate No. _____

Thank you for your support

Registered Office: Suite 2.1 Chandelier Building, 8 Scrubs Lane. London NW10 6RB Tel: 0208 960 4000 Fax: 0208 960 4014

Email: forward@forwarduk.org.uk

Charity Registration No. 292403