



Sussex MS Centre Membership and Consent Form

Title	
First Name	
Surname	
Date of Birth	
Address	
Postcode	
Home Phone	
Mobile Phone	
Email	
Emergency Contact Name and tel. no.	

Reason for Membership. Please tick below as appropriate:					
A	Multiple Sclerosis		D	Cancer	
B	Carer / Partner		E	Other Neurological (please give details)	
C	Broken Bones/ Wound Healing/ Sports Injury		F	Other (please give details)	

<p>I understand that it is my responsibility to consult with my medical practitioner regarding the suitability of my using any of the therapies, treatments, and classes offered at the Sussex MS Centre.</p>
<p>I confirm that I consent to using:</p> <ul style="list-style-type: none"> Hyperbaric Oxygen Therapy Therapeutic Treatments (e.g. Shiatsu, Reflexology, Acupuncture, etc.) Classes (e.g. Keep Fit, Yoga, Pilates, etc.) <p>I have been given sufficient information about the benefits and risks of these Therapies, Treatments, and activities.</p>



The information that you have provided is held confidentially on our database, and stored securely in accordance with General Data Protection Regulations, our Privacy statement, and our Data Protection Policy. We never share your information with third parties.

We would like to send you our newsletters and other information about our own services, by post, telephone, email and SMS. If you agree to being contacted in this way, please tick the relevant boxes.

Post Phone Email SMS

From time to time we take photographs of members and activities in the centre for use on our social media platforms, in our newsletter The Belle, general publicity, our website and in bids and fundraising material. Please indicate if you are happy to consent to photographs of you being used:

Yes No

Our joining membership fee is £15.00.

Annual Membership subscription is £15.00, and is due January of each year.

Member Signature

Date

For office use:

Membership Number: (Please use letter coding at the end of the Membership Number)	
Added to Database	