

NORTHERN IRELAND KIDNEY PATIENTS' ASSOCIATION



I wish to become a Member of the above Association.

Name	<input type="text"/>	Mr/Mrs/Ms (Circle)
Address	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone	<input type="text"/>	
email	<input type="text"/>	

I agree to the Association having access to my address so that they may contact me on all matters relating to the Association.

Membership of the Association is free. Should you wish to make a donation, please make Cheques or Postal Orders payable to Northern Ireland Kidney Patients' Association.

Signed	<input type="text"/>
Date	<input type="text"/>

The Association urgently needs volunteers to assist in our work. All help would be greatly appreciated. Please indicate below if you would like us to contact you in this respect.

**I wish/do not wish to be contacted by the Association on this matter.
(Underline as appropriate)**

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For internal use only..

Association Membership Number

Please forward your completed Application to;

**The Secretary,
Northern Ireland Kidney Patients' Association,
c/o Ward B,
Dialysis Unit,
Belfast City Hospital,
Lisburn Road,
BELFAST.**

www.NIKPA.org