



Croydon
Sickle Cell & Thalassaemia
Support Group

MEMBERSHIP FORM

316 Whitehorse Road
Croydon, CR0 2LE
t: 020 8251 7259
m: 07305 953 422
e: cscatsg@outlook.com
w: cscats.org

Sir/Madam,

Thank you for applying to become a member of the Croydon Sickle Cell & Thalassaemia Support group. The attached leaflet outlines all the benefits of becoming a member, which includes access to pioneering research, advice and information. Please complete the information below as fully as possible.

Contact Details

Name Mr/Mrs/Miss/Ms	Address	Telephone	Email

Please indicate whether anyone listed above is living with sickle cell or thalassaemia and what type. Please state prefer not to say if you do not wish to disclose:

Name	Date of birth	Gender (M/F)	Sickle Cell/thal type

It is very useful for us to know if there are any family relationships between the people listed above. Please state who has a familial relationship:

Name	Related to (name)	What relationship (brother, mother etc.)

Please read the attached privacy statement that clearly outlines how we use the information you provide and keep it safe. Please do not hesitate to contact us if you have any concerns or require further information.

All our records are held on a secure database, which we will use to keep you informed and also to review our service delivery. Please confirm below that you agree to have your details stored on our database and that we can use your details to send you relevant information on the group, our events and projects.

PRINT NAME	SIGNATURE