



Supporting kidney patients

# Application For Membership.

FREE TO JOIN – WE WANT TO HEAR FROM YOU!  
**REGISTRATION FORM.**

Please COMPLETE AND RETURN to: **Marcia Hamlin, Lister Area Kidney Patients Association, 49 Mandeville, Stevenage, Herts, SG2 8JJ**  
Alternatively please hand this form in to any of the renal units/wards at Lister, Bedford, Harlow, Luton & Dunstable or St Albans  
or to the LAKPA liaison persons for the units.

TITLE / NAME

ADDRESS

COUNTY

POSTCODE

TELEPHONE

EMAIL

If you are one of the following please tick box:

A Carer  A Patient  A member of renal staff  Relative of renal patient/carer  Friend of patient/carer

If you are a Kidney patient please answer the next two questions:

- |  |  |                                    |                                    |
|--|--|------------------------------------|------------------------------------|
| i) Type of patient <i>(please tick which applies to you)</i> |  | (ii) Where do you go for treatment |                                    |
| <input type="checkbox"/> Haemodialysis at hospital           | <input type="checkbox"/> Transplant recipient    | <input type="checkbox"/> Lister    | <input type="checkbox"/> St Albans |
| <input type="checkbox"/> Haemodialysis at home               | <input type="checkbox"/> Pre-transplant/dialysis | <input type="checkbox"/> Luton     | <input type="checkbox"/> Harlow    |
| <input type="checkbox"/> Peritoneal Dialysis (PD)            | <input type="checkbox"/> Other                   | <input type="checkbox"/> Bedford   |                                    |

To comply with the General Data Protection Regulations (GDPR), which came into force on 25th May 2018, LAKPA requires your explicit consent to contact you.

- |  |   |
|--|---|
| <input type="checkbox"/> I consent to the LAKPA contacting me by post      | <input type="checkbox"/> I consent to the LAKPA contacting me by email  |
| <input type="checkbox"/> I consent to the LAKPA contacting me by telephone | <input type="checkbox"/> I consent to receiving Fundraising items in the LAKPA Newsletter (Such as draw tickets.) |

I understand that my data will be held on a computer file by LAKPA, but is protected by the GDPR. My information will not be shared with any third party, other than the companies that input data and distribute the LAKPA Newsletter. I also understand that LAKPA is a member of the National Kidney Federation (NKF) and my information will be shared with the NKF, in order that I may receive the NKF magazine 'Kidney Life' and their raffle tickets, as long as I have given consent to be contacted by post and to receiving fundraising material. I will notify LAKPA if I would prefer my information not to be shared with the NKF. This consent is valid for five years and should I wish to opt out at any time I will inform LAKPA in writing. Thank you.

SIGNATURE

DATE

**Any donation you make will be gratefully accepted, but is not a requirement of membership, and is entirely at your discretion.**

If you wish to make a donation, please enter the amount here : £  (Cheques Payable to LAKPA)

Are you a UK taxpayer? If so, please help us by completing the declaration and returning it with these membership details. *Thank you.*

## Gift Aid Declaration.

Please treat all donations that I make to the Lister Area Kidney Patients' Association (LAKPA) from the date below, until I notify you otherwise, as Gift Aid Donations.

SIGNATURE:

DATE

1. You must pay an amount of income tax or capital gains tax in the current tax year equal to the tax that will be reclaimed by the LAKPA. (Currently 25p for each £1 that you give).
2. If in the future circumstances change and you no longer pay tax on your income or capital gains tax equal to the tax that the LAKPA reclaims you should cancel your declaration.
3. If you pay tax at the higher rate you can claim further relief in your Self-Assessment tax return.
4. Please notify the LAKPA if you change your name and address while the declaration is in force.
5. You can cancel the declaration at any time by notifying the LAKPA.

PLEASE SEND ANY DONATION WITH THIS FORM TO THE ADDRESS BELOW IN AN ENVELOPE.

Marcia Hamlin, Lister Area Kidney Patients Association, 49 Mandeville, Stevenage, Herts, SG2 8JJ.

You can also hand this form in to any of the renal units/wards at Lister, Luton & Dunstable, Bedford, Harlow, or St Albans. Reg Charity no: 1008961