

JOINING PAFAM

I would like to support the work of Pafam by becoming a member

Please complete in BLOCK CAPITALS:

Name:

Address:

.....

.....

Postcode:

Tel:

E-mail:

I would like to become a FULL member. I enclose a cheque / postal order for £..... for my first year's annual fee.

I would like to become a FULL member and have instructed my bank to pay £ by Direct Debit in (month)

I would like to make a donation to PAFAM. I enclose a cheque / postal order for £

Please send me a copy of the constitution of PAFAM. (Please enclose an SAE)

Signed

Date

**Please make cheques payable to PAFAM and send to:
PAFAM
care of: Cathie Green, Park Attwood Clinic, Trimpley (near Bewdley),
Worcestershire DY12 1RE**