

National Association of LINKs Members

Patient and Public Involvement in Health and Social
Care

MEMBERSHIP ENROLMENT FORM

FOR USE BY INDIVIDUAL MEMBERS

Kindly complete and return as indicated below

1 Member's Full Name:

2 Member's Full Address:

3 Member's Email/Telephone/Fax:

I, the above-named hereby apply for enrolment as a registered Member of the National Association of LINKs Members.

4 Signature of the Member _____

1. Members shall be entitled to attend meetings of the Assembly and vote thereat
2. **Membership fee is £5-00.** Please pay cheques to the National Association of Patient's Forums
3. Completed enrolment form must be lodged with National Association of LINKs Members:

National Association of LINKs Members - North - Ruth Marsden,
The Hollies, George Street, Cottingham, East Yorks. HU16 5QP
ruth@myford.karoo.co.uk 01482 849980/07807519933

National Association of LINKs Members - South - Malcolm Alexander, 30 Portland Rise,
N4 2PP
Maixa49@aol.com 0208 809 6551/07817505193

4. Please describe your interests and skills-----

5 Date of Application _____