



The Birthmark Support Group

Membership Form

Please complete boxes in block capitals.
Any boxes that are not applicable should be marked N/A

Parents' Full Names - or Adult's full name with D.O.B. if applying for adult membership.

Mr/Mrs/Ms _____ Mr/Mrs/Ms _____

Address _____

Postcode _____

E-Mail Address _____

Telephone Number _____

Child's Full Name _____ Date of Birth _____
(if applicable)

Type of Birthmark (Medical Diagnosis) - include location and any associated problems

GP's Name and Address _____

Hospital referral details (if applicable)

Name of Consultant _____

Hospital Name and Address _____

Comments _____

Signature _____ Date _____

Registered Charity No. 1090952

Any information supplied will be treated in strictest confidence and not shared without your express permission.

Please return to: BM The Birthmark Support Group, London, WC1N 3XX
or submit online form from our website: www.birthmarksupportgroup.org.uk

Membership is free, however we are a voluntary organisation and only able to operate with the help of people's kind donations. If you would like to make a donation please make cheques payable to the Birthmark Support Group and send to the PO Box address above. Thank you.

If you require further information on our gift aid scheme, please tick