



HOPE Kidney Patients Association

Membership Application Form

Revised
19-03-18

The HOPE KPA is an organisation run by kidney patients for kidney patients and is completely free of charge. Please note that your details will be held on secure confidential electronic storage by the Association and will not be communicated to any other organisation without your prior permission and in accordance with the General Data Protection Regulation 25th May 2018. [SEE WEBSITE FOR GDPR DETAILS]

Registering your details with us will enable us to send you a quarterly newsletter by post or a link via email.

Box 1 PLEASE USE BLOCK LETTERS:
** required information [*1 Please Tick One]*

*** I wish to [Tick One]:** Join the Hope KPA
Use This Form In All Instances! Update My Details
 Unsubscribe

***1 Title:** Dr Mr Mrs Ms Other: _____

*** First Name:** _____

*** Last Name:** _____

*** First Line of Address:** _____

*** Second Line of Address:** _____

PLEASE NOTE: Optional, But is Required if You Consent to be Contacted by PHONE or EMAIL

*** Third Line of Address:** _____

*** Town:** _____

Home: _____

*** Post Code:** _____

Mobile: _____

Email Address: _____ @ _____

*** I wish to receive my newsletter by [Tick One]:** POSTAL DELIVERY EMAIL LINK

Box 2 Newsletter Recipient Statistics & Patient Information for Kidney Research at SRFT

I am [Tick All That Apply]: Other: _____ THE PATIENT AND I AM [Please Tick One Below]
 Hospital Staff Relative Pre-Dialysis Haemodialysis
 Interested Party Carer Peritoneal Dialysis Post Transplant

Box 3 'In order for you to receive your newsletter and for the KPA to hold the information you have supplied on this form, under the General Data Protection Regulation of 2018, the HOPE KPA is required to ask for your signed consent below'

The HOPE KPA Thanks You For Helping Us In KEEPING YOUR DATA SAFE!

I Consent to the HOPE KPA Contacting me by [Tick All That Apply]: POST TELEPHONE EMAIL

I Consent to receiving Fundraising items in the HOPE KPA Newsletter – such as DRAW TICKETS

I Consent to the HOPE KPA holding the information ticked in Box 2

Signed: _____

DATE: DD – MM – YY



Join HOPE KPA

Register online: <http://hope-kpa.gmkin.org.uk/join-kpa/> or SCAN THE QR CODE or send this completed form to:
The Secretary
2 Miles Lane
Shevington, Wigan WN6 8EB
OR Simply hand it to a member of the renal team at your next outpatient clinic appointment and they will pass on your details to the HOPE KPA.