



RED LION GROUP MEMBERSHIP FORM

Full Name (Mr/Mr/Ms) _____

Address _____

_____ **Post Code** _____

Age _____ **Date of birth** _____ **Email** _____

Home Telephone: _____ **Mobile** _____

Please tick all that are relevant:

YES, Please enrol me as a member with immediate effect. Cheque (payable to Red Lion Group is enclosed).

I am currently considering/awaiting pouch surgery

I had pouch surgery in (year): _____ Surgery: one stage two stage three stage

Pouch type: Kock pouch / W pouch / J pouch /other (please state) _____/Not known

Hospital where had surgery _____

Have you had bowel cancer/dysplasia _____

My medical condition is/was: ulcerative colitis /FAP(polyposis)/cancer/Crohn's/other

(please state) _____

Please tell us overleaf about any particular experience you have had as a pouch patient which might help another.
(eg. Post pouch pregnancy/children, pouch problems and how these have been resolved – or not, pouch in childhood, effect on lifestyle)

Stoma Nurse/other professional interest

I have a friend relative with a pouch

Yes, the newsletter (Roar) editor can contact me for help if newsletter contributions are required.

Yes, I would be happy to talk to others about my experiences. You may pass on my contact details to other members of the Red Lion Group only.

SIGNED _____ **DATE** _____

Where did you hear about us? _____

Please return the form and cheque payable to Red Lion Group to;

Susan Burrows, Membership Secretary, 7 Hopground Close ST ALBANS, Herts, AL1 5TA.

Current Annual subscription: £10, £5 (concessions). Membership Renewal 1st January

***** I wish to pay by Standing Order. Please send/email me a form *****

*Data Protection Statement: The Red Lion Group is collecting and keeping your personal details for the purpose of keeping you in touch with the activities of the Red Lion Group. Information is kept on a secure database that only 2 members of the Red Lion Group have access to. We will not pass your information onto any third parties.