



# WRSBG MEMBERSHIP FORM

WOLVERHAMPTON RHEUMATOLOGY SUPPORT GROUP

£5 single membership per annum .....

£8 double membership per annum .....

Name.....

Address.....

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.....

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Telephone No.....

D.O.B..... (optional)

Please tell us where you heard about WRSBG?

Word of mouth.....

Internet.....

Other.....

Please return your completed form and membership fee to;

Jan Simpson

3 Silverton Way

Wednesfield

Wolverhampton, WV11 3JX

ALL CHEQUES/POSTAL ORDERS TO BE MADE PAYABLE TO **WRSBG**