

Membership Application Form



FOLKS
3 Stone Buildings (Ground Floor)
Lincoln's Inn
London
WC2A 3XL
United Kingdom

Contact Details

Mr / Mrs / Miss / Ms / Dr / Prof / Other (Please Specify):

Surname:

Forename(s):

Address:

Postal / Zip Code:

Country:

Home Tel No:

Work Tel No:

Mobile Tel No:

Fax No:

Email Address:

Your Experiences with LKS

Your Experiences

Parent / Carer / Grandparent / Adult (someone who has, or has recovered from, LKS) / Professional / Other (Please Specify):

Parents or Carers, please state the details of the child with LKS

Surname:

Date of Birth:

Forename(s):

Professionals, please state

Any Organisation You Represent:

Your Qualifications:

Signature:

Date:

Please print out, complete, & return this form to the address above, enclosing the appropriate membership fee.

FOLKS is registered under the UK Data Protection Act - Reg. No. X3934029. Any information supplied on these forms will be kept in the strictest confidence and used only for registered purposes being the pursuit of FOLKS' objects (being the relief of persons affected by LKS and related disorders; to advance the education of the medical profession and the general public on the subject of LKS and its implications for the family; and to promote research into LKS, to publish the results thereof, and to support organisations providing research into LKS), the provision of consultancy and advisory services, the undertaking of research and statistical analysis, administration and fundraising.