

**Member's Details**

Title		Forename		Surname	
Address					
Town					
County			Postcode		
Phone no			Mobile no		
E-mail					

**Sufferers' Details**

If you yourself have EDS, which type?		Date of Birth	
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To enable us to put EDS families in touch with each other, please indicate current ages of any children in your family with EDS. Thank you.

Name		Date of Birth		Age	
Type of EDS - if known					

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Type of EDS - if known					

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Type of EDS - if known					

**For Data Protection purposes**

Please delete as appropriate

Are you willing for us to store your details on our computer? (Essential for the smooth running of the Group - all details are kept confidential and are not made available to third parties without your prior written consent.)

Yes	No
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Would you like your details to be made available to other members in order to promote mutual support?

Yes	No
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From time to time our Medical Advisory Panel wish to undertake research into EDS. Are you willing for your details to be passed on so that you may have the opportunity of participating?

Yes	No
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**How did you hear about the Support Group? .....**

