



Lincolnshire
Kidney
Patients
Association
www.lincs-kpa.org

Charity no 1096552

Membership Application Form

Name

Address
.....
.....
.....

Postcode

Telephone Mobile number

Email address

Signature Date

Are you a kidney patient? YES/NO
If so, and only if you are happy to say, what treatment are you or have you received?
.....

Or are you a Partner/Family/Friend or Carer?

We only ask this so we can tailor our efforts in the best way towards our membership. If you are none of the above or don't care to say that's absolutely fine!

According to the general data protection regulations 2018 we will not share your details with anyone else without asking you first.
We are however members of the National Kidney Federation. If you agree we can add you to their mailing list to receive the Kidney Life quarterly magazine or monthly email newsletter.

If you would like to be added to the NKF mailing list TICK HERE

*Please return this form to
Secretary, Lincs KPA, Rosedale, Chapman Street, Market Rasen LN8 3DS*