

# UK CLL forum MEMBERSHIP APPLICATION FORM



Charity Number: 1104229

I wish to apply for membership of the UK CLL Forum and enclose my £10 subscription fee.  
Cheques made payable to "UK CLL Forum"

**Please complete in block capitals:**

Title: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
 (for correspondence) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Professional Qualification(s): \_\_\_\_\_

Present Appointment: \_\_\_\_\_

Present Institution: \_\_\_\_\_

**Other areas of in interest:**

(Please tick)

<input type="checkbox"/>	MDS
<input type="checkbox"/>	Lymphoma
<input type="checkbox"/>	AML
<input type="checkbox"/>	ALL
<input type="checkbox"/>	CML
<input type="checkbox"/>	Multiple Myeloma
<input type="checkbox"/>	Infection

Other (please specify):

.....

.....

.....

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to:**

UK CLL Forum Secretariat  
 Collaborative Conferences  
 172 Buckingham Road  
 Aylesbury  
 Bucks  
 HP19 9QL

CLL@hartleytaylor.co.uk

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by Membership Secretary

Received \_\_\_\_\_ Processed \_\_\_\_\_