

Membership form



Please complete the form in BLOCK CAPITALS in as much details as possible. There is no charge for membership, however donations are welcome.

Your contact details

First name.....**Surname**.....
Partner/Spouse's name.....
Address.....
Town/City.....
County/Region.....
Postcode.....**Country**.....
Phone.....**Mobile**.....
Email address.....

About you/your family

Please give as much information as you can. It will help us develop the services for our members. Complete the following table with details of all family members affected by retinoblastoma.

| | | | |
|---------------------------------------|--|--|--|
| Name | | | |
| Male or female | | | |
| Date of birth | | | |
| Relationship to you | | | |
| Bilateral or unilateral | | | |
| Date of diagnosis | | | |
| Treatment, with dates if known | | | |
| Treatment centre(s) | | | |

Other information

How we keep in touch

Our newsletter is free to all members and is available in the following formats, please select the format you would like to receive:

Post: **Print** **Braille**

Email: **Text** **PDF**

(Word document, no pictures)

(appearance is identical to the printed copy)

If you would like to meet other members and talk to other families about their experiences of childhood eye cancer we will be happy to help connect you.

Tick this box for more information on linking with other families

If you would like to help us

The work of this charity could not be achieved without the vital support of its members. If you can spare some of your time and would like to make a difference why not consider becoming a volunteer or an ambassador for the charity? You could help us by raising awareness about retinoblastoma, getting involved with CHECT events or by helping us to fundraise.

I have the following qualifications/skills/interests which may be of help to CHECT:.....

Please send me more information on:

1. Fundraising/donating
2. Volunteering
3. Raising awareness

I enclose a donation of £..... and/or I would like to become a regular giver - please send me details.

Gift aid: I would like the Childhood Eye Cancer Trust to reclaim tax on this and all future donations. By ticking this box I confirm I am a UK tax payer and the amount of income tax and/or capital gains tax I pay is at least equal to the amount the Childhood Eye Cancer Trust will reclaim on my donations

Signed: **Date:**

Please return to: Childhood Eye Cancer Trust, The Royal London Hospital, Whitechapel Road, London E1 1BB. Tel: 0207 377 5578.

Data Protection Notice

The information which you provide in this form and any other information obtained or provided during your membership will be processed in accordance with the Data Protection Act 1988. By being a member of the Childhood Eye Cancer Trust you agree to your personal information (including sensitive data) being made available to a limited number of employees of the Childhood Eye Cancer Trust and selected volunteers engaged for database work, subject always to compliance with the data protection legislation. The personal data will be used for the purpose of processing your application, dealing with you as a member of the Childhood Eye Cancer Trust and furthering the stated aims of the charity. We may also use the information to contact you in connection with our fundraising activities. We will not pass your information on to third parties without your consent (unless required to by law), other than to those engaged in the delivery of our services and then only for a specified purpose. The Childhood Eye Cancer Trust is registered under the Data Protection Act 1998.