Membership



Living with arthritis? Join us today





Our vision

Arthritis Action's vision is for people to live active lives, free from the impact of arthritis.

Our aim is to empower people with arthritis to take control of their lives, manage their condition and reduce the need for medical intervention. We do this, primarily, by offering a membership to support people living with arthritis.

We are here to help. Arthritis Action gives each Member access to physical therapies in your local area alongside advice about healthy eating, weight management and exercise. Our healthcare professionals will work with you to develop a self-management plan that suits you.

Become part of the Arthritis Action community and enjoy the advice, support and friendship of others actively using self-management. You can start or join one of our Arthritis Action Groups which provide opportunities to reduce isolation, share experiences and tips of living with arthritis. Please get in touch and find out how self-management can help you.

Member benefits include:

- Access to our website's Members Area which includes a Forum, exercise information and nutritional advice
- Arthritis Action News twice-yearly magazine
- Arthritis Action Groups
- Self-Management Events

For Members who have been diagnosed with arthritis:

- Free nutritional consultations with our registered dietitian on a one-to-one basis
- Two subsidised physical therapy sessions with our associated practitioners per membership year, up to the value of £30 per session

For more information please visit our website: www.arthritisaction.org.uk

This offer can change without notice. Terms and conditions apply.

FOR PSL re Arthritis Action OFFICIAL USE ONLY. This is not part of the instruction to your Bank or Building Society. Important – Please complete these details

My details				
Title	First name	Surname		
Address				
		Postcode		
Gender		Date of birth		
Home Telepho	ne / Mobile			
Email address				
I am becoming a member of Arthritis Action because:				
I have arth	nritis	A member of my family has arthritis		
A friend ha	as arthritis	I am a carer for someone with arthritis		
I am a hea	alth professional	Other		
Where did you	hear about us?			

In accordance with The Data Protection Act 1998 we ask that you complete this form so that we may process your information in the way that will best help you.

Arthritis Action requires this information in order that we give you the best advice and guidance, in relation to your arthritis and membership. All information is treated in the strictest confidence and will not be passed to any third party without your agreement. A copy of our Data Protection Policy is available on request.

I agree that any information I give to Arthritis Action can be held and used for the purpose of helping me with my arthritis; used for the purpose of contacting you regarding your membership; and used for mailing updates, general information, and copies of "Arthritis Action News".

We would like to make sure we send you the information you are interested in. Please tell us:

What you'd like to receive? (Please tick all that apply):

Research	Fundraising	Products/Special	Offers	
How may we con	tact you? (Please tick a	ll that apply)		
By post	By e-mail	By telephone	By text message	
May we leave an answerphone message on the numbers you have provided?				
Signed		Date		

Membership			
Annual Member: £20 per year	or $\hfill \ensuremath{\mathbb{L}}$ 15 if you pay by Direct Debit		
Life Member: £100 one off payment			

Ways to pay

- If you would like to pay by **Direct Debit** please complete the form overleaf.
- Alternatively you can pay by Credit Card securely online at arthritisaction.org.uk or by phoning: 020 3781 7120 or by completing the form below. We will telephone you for the 3 digit security code.
- If you wish to pay by cheque please make it payable to: Arthritis Action, and return this form in an envelope to: Arthritis Action, FREEPOST SEA 9165, EASTBOURNE, BN21 2ZW

Make a one-off credit card payment				
£20 oi	r $\$ £20, plus an extra gift of £			
£100 or	r £100, plus an extra gift of £			
Please charge my: Visa Mastercard				
Name on card				
Cardholder's signature	Date			
Card No.				
Start date	Expiry date Issue no. (Maestro only)			

Yes, I am happy for all gifts of money that I have made to Arthritis Action, past, present and future to be treated as Gift Aid donations.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.



please turn over

Set up a yearly payment by Direct [Debit
I would like to make a payment of: £15 or	£15, plus an extra gift of £
Instruction to your Bank or Building Society to p Please fill in the whole form including official use box using a ball point pen and send it to:	ay by Direct Debit DIRECT
Arthritis Action One Upperton Gardens Eastbourne East Sussex BN21 2AA	Service User Number 4 4 2 6 2 2 Account Holder(s) Name & Address
Name(s) of Account Holder(s)	Address
Branch Sort Code	Postcode
Bank/Building Society account number	Instruction to your Bank or Building Society Please pay PSL re Arthritis Action Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with PSL re Arthritis Action and, if so, details will be passed electoroically to my Bank/Building Society.
To: The Manager Bank/Building Society	Signature(s)
Address	Date
Postcode	Reference
Banks and Building Societies may not accept D	rect Debit Instructions for some types of account DDI1

The Direct Debit Guarantee

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.



- If there are any changes to the amount, date or frequency of your Direct Debit PSL re Arthritis Action will notify you five (5) working days in advance of your account being debited or as otherwise agreed. If you request PSL re Arthritis Action to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by PSL re Arthritis Action or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when PSL re Arthritis Action asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

This guarantee can also be found at the Arthritis Action website at www.arthritisaction.org.uk

Please return this form in an envelope addressed:

ARTHRITIS ACTION **FREEPOST SEA 9165** EASTBOURNE, BN21 2ZW

No need to put a stamp on, it will reach us! If, however, you wish to donate to our administrative fees, you are welcome to put a stamp on.

T:020 3781 7120 E:info@arthritisaction.org.uk W:arthritisaction.org.uk



Our vision is for people to live active lives, free from the impact of arthritis.

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