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 Debit
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
Name(s) of Account Holder(s) Branch Sort Code	Address
Bank/Building Society account number Name & full postal address of your Bank or Building Society	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 electronically to my Bank/Building Society.
To: The Manager Bank/Building Society Address	Signature(s)
Postcode	Date Reference
Banks and Building Societies may not accept D	irect 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,

DIRECT

- 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.

THANK YOU FOR YOUR SUPPORT

56 Buckingham Gate, 2nd Floor, London, SW1E 6AE T:020 3781 7120 E:info@arthritisaction.org.uk W:www.arthritisaction.org.uk



Membership









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 their local area, alongside advice about healthy eating, weight management and exercise. Our healthcare professionals work hand-in-hand with our Members to develop a self-management plan that suits them.

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 Groups which provide opportunities to reduce isolation, share experiences and tips of living with arthritis. Please get in touch to find out how self-management can help you.

Our Members can enjoy:

- Access to our website's dedicated Members' Area, which includes exercise information and nutritional advice
- Receiving Arthritis Action's twice-yearly magazine
- Joining our local Groups
- Attending our 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

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

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My detail	S	
Title	First name	Surname
Address		
		Postcode
Gender		Date of birth
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Where did y	ou hear about us?	
I am becom	ing a member of Arthrit	is Action because:
I have a	arthritis - What type?	
A friend	/relative has arthritis	I am a carer for someone with arthritis
I am a h	nealth professional	Other
Arthritis Action relation to and will not Policy is avail agree that a helping me wand used for	on requires this informate your arthritis and membe passed to any third pilable on request. any information I give to with my arthritis; used for mailing updates, generally.	mation in a way that will best help you. Ition to order to give you the best advice and guidance, bership. All information is treated in the strictest confidence party without your agreement. A copy of our Data Protection Arthritis Action can be held and used for the purpose of or the purpose of contacting you regarding your membership aral information, and copies of "Arthritis Action News".
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Registered Office: One Upperton Gardens, Eastbourne, East Sussex BN21 2AA

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