

**LAM ACTION**



**LAM Action  
Register of Membership**

**PERSONAL DETAILS** (PLEASE USE BLOCK CAPITALS)

Name: .....

Address: .....  
.....  
.....

Telephone: ..... Email: .....

Relationship to LAM patient *eg* spouse,  
relative, friend, other (*please specify*) .....

Name of LAM patient .....

LAM Action is a registered charity and as such relies solely on subscriptions and donations for its existence. Our annual membership fee is £20 (individual) or £30 (household) and can be paid by completing the enclosed standing order form or by sending a cheque made payable to 'LAM Action'.

As a member of LAM Action would you like to receive a regular copy of LAMPost? YES/NO

If you are not a LAM patient it would also be helpful to know what your interest in LAM is.

.....

Thank you for completing this form. In order to comply with the Data Protection Act 1998 we need your consent to hold this information on our database. We would therefore be grateful if you could sign the form before returning it to the address below.

Signature: ..... Date: .....

Jan Johnson  
LAM Action Office  
Division of Respiratory Medicine  
Clinical Sciences Building 1  
City Hospital  
Nottingham NG5 1PB