

## MEMBERSHIP ENROLMENT FORM

**Membership of the Scottish Huntington's Association is free. Once registered as a member, your membership will continue until you notify us that you wish to cancel.**

**Personal Details:** Please print in black or blue ink:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Organisation: \_\_\_\_\_  
(if appropriate)

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Signature : \_\_\_\_\_

**Membership Categories:** Please tick as appropriate (see overleaf for Qualifications of Membership)

**Principal Member ( )                      Professional Member ( )                      Associate Member ( )**

***N.B. As a member you will automatically receive a copy of our 4-monthly newsletter and will be kept up to date with developments and activities at the SHA. If you do not wish to receive any mail from the SHA please tick here. ( )***

**Branch Membership**

There are a number of local SHA branches in different parts of the country. Please tick as appropriate.

- ( ) I am already involved with ..... local branch.
- ( ) I am interested in becoming involved in a branch. Please send me details.
- ( ) I agree to my name being passed to my local branch for communication of local information.
- ( ) I agree to my name being passed to the local HD Specialist service.
- ( ) Please do **NOT** pass my name to any of the branches.

**Optional Membership Donation**

In recognition of the considerable financial burdens that living with HD can bring, we are happy to provide membership of the association free of charge. We are also happy to provide free membership to professionals and other supporters in recognition of their contribution to meeting the needs of the HD community. However if you wish to make a contribution towards our costs then this will be gratefully received and will help to sustain our services. Please complete the following if you are able to support us in this way and we will send you a bankers draft for completion.

I would like to make a monthly/quarterly/annual donation of (please tick as appropriate):

**£5 ( )            £10 ( )            £20 ( )            £30 ( )            £50 ( )            £100 ( )            Other £ \_\_\_\_\_**

I am unable to commit to a regular donation at this time but would like to make a single donation of £ \_\_\_\_\_

**Thank you for your support in joining the SHA**

## QUALIFICATIONS OF MEMBERSHIP

### Principal Member

Any person who:-

- a)
- i) being an individual over the age of eighteen years , and
  - ii) being an individual who is resident or based in Scotland,
- and who
- b)
- i) has Huntington's Disease, or
  - ii) is a family member, friend or carer, or
  - iii) has an interest in assisting or furthering the aims of the Company,

shall be eligible to become a **Principal Member** of the Company with voting rights.

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### Professional Member

Any person who:-

- a)
- i) being an individual over the age of eighteen years , and
  - ii) being an individual who is resident or based in Scotland,
- and who
- b) has an interest in Huntington's Disease which is of a *purely professional* nature,

shall be eligible become a **Professional Member** of the Company with voting rights.

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### Associate Member

Any person who:-

- a) being an individual under the age of eighteen years, and/or
- b) being an individual or organisation not resident or based in Scotland, and/or
- c) being a staff member of the Scottish Huntington's Association,

shall be eligible to become an **Associate Member** of the Company with no voting rights.

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### Ineligibility

Employees of the Company, whether part-time or full-time, shall not be eligible to become Voting Members of the Company.