

PLEASE BECOME A MEMBER

By joining our Charity you can help us to provide information and support to sufferers of Bells Palsy.

We receive many enquiries from sufferers and carers and we make every attempt to provide our services with minimum resources and the help of volunteers. As a charity (Reg. No. 1094039) we operate with only limited funds and rely on your generous support to help provide our services.

Membership costs only £12 per year and is an invaluable source of funding for our work.

Please become a member and complete your details below (see notes overleaf)

Name Age

Address

Tel

Email

Please tell us your connection with Bells Palsy

- | | | | |
|------------------------------|--------------------------|--------------------------------|--------------------------|
| I currently have Bells Palsy | <input type="checkbox"/> | I previously had Bells Palsy | <input type="checkbox"/> |
| My partner is a sufferer | <input type="checkbox"/> | My child is a sufferer | <input type="checkbox"/> |
| A relative is a sufferer | <input type="checkbox"/> | A friend is a sufferer | <input type="checkbox"/> |
| I work in health care | <input type="checkbox"/> | No reason- I just want to join | <input type="checkbox"/> |

GIFT AID DECLARATION: Please Tick

If you are a UK taxpayer a charity can claim a tax re-payment of 28% from the government on your donations, at no extra cost to you. By ticking the GIFT AID DECLARATION box you are confirming that you wish the chosen Charity to treat as Gift Aid donations all donations that you make from the date of this declaration. You are confirming that you have paid UK Income Tax and/or Capital Gains Tax at least equal to the tax that the charity will reclaim on this donation

SIGNATURE **DATE:**

Questionnaire : Please also complete the following questionnaire if possible —this is OPTIONAL and confidential

When did you first contract Bells Palsy

How old were you Male Female

Did you see Doctor/GP Neurologist

Was the condition discussed satisfactorily with you YES NO

Did the onset of BP occur during, or just after

Pregnancy YES NO

A time of Stress YES NO

Influenza YES NO

Do you suffer from diabetes YES NO

Do you suffer from Cold Sores YES NO

Do you suffer from allergies YES NO

Details if YES:

Do you suffer any other illness (asthma, blood pressure ..) YES NO

Details if YES:

Have you tried any of the following for your Bells Palsy (Please Tick):

Physiotherapy Steroids Eye Drops Surgery

Electrical Stimulation Botox Injections Acupuncture

Other Alternative Therapy

Our objective is to have Local Support Groups established throughout the UK:

Do you feel it would be of benefit to you to talk or possibly meet other sufferers in your area YES NO

Would you contact a support group for sufferers of Bells Palsy in your area if one was available YES NO

Would you be prepared to assist us in the formation of a support group locally if required YES NO