



Membership Form 2025-26 (Part I)

Personal Details		(Please download and complete in capital letters)	
Surname of Member		Title	
Maiden Name (for patients, if applicable)			
First Name(s)			
Date of Birth		Sex	M/F
Address			
Postcode			
Country (If outside UK)			
Home Phone No			
Mobile Phone No			
Email Address			
Interest in Wilson's Disease			
(Please circle as appropriate or mark an X beside it)			
• Patient			
• Relative of Patient(s) (Please state relationship to patient(s) and name(s) and date(s) of birth of patient(s))			
• Friend of Patient (Please state name and date of birth of patient)			
Support Group			
• Would you like your name placed on a list with others willing to give each other support by writing, calling or meeting (Please circle one or mark an X beside it)			
Yes		No	
Signed		Dated	

Membership Form 2025-26 (Part II)

Details of Patients (Please download and complete in capital letters)

Current Treatment (please circle or mark with X)	<ul style="list-style-type: none"> • Penicillamine • Trientine • Zinc • Tetrathiomolybdate • Other (please specify)
Initial Symptoms	
Date of Diagnosis	
Hospital Where Diagnosed	
Initial Treatment	
Other treatments / hospital treatments / complications	
<div style="display: flex; justify-content: space-between;"> <div><i>Signed</i></div> <div><i>Dated</i></div> </div>	

Please send **completed forms signed and dated, together with payment to:**

Mrs Valerie Wheeler, Secretary, Wilson's Disease Support Group - UK (WDSG-UK)
Reg. Address: 38 Grantchester Road, Cambridge CB3 9ED

Annual Fees:	UK Membership	£10.00
	Non-UK Membership	£12.50

Please make **cheques and postal orders** payable to **WDSG-UK**

Alternatively, payment may be made by bank transfer to:*

Name of Account:	WDSG-UK
Name of Bank:	HSBC
Sort Code:	40-35-18
Account No:	32536048
Branch Identifier:	MIDLGB2108N
Int. Bank A/c No:	GB43MIDL40351832536048
Reference:	<i>Your Surname followed by your first initial</i>

* For patients paying by **bank transfer**, please **do not forget** to post your membership form to **Valerie**

Confidentiality and Data Protection

Any information given on this sheet will be treated with strictest confidence.