

Oxfordshire ME Group for Action SUBSCRIPTION FORM 2025

Please fill in this form and send it by post, or scan and email it to:

David Polgreen, Hillview, Mill St, Stanton St John OX33 1HQ or mail.omegaoxon@gmail.com

PLEASE REPLY AS SOON AS YOU CAN – it will really help us.

☐ *I would like to start/renew my OMEGA membership for the next twelve months at a cost of £15 or £7.50 (unwaged).*

Please let us know when you pay, either by sending this form or by email.

☐ *I would like to make a **donation** to the value of £_____*

How to pay: **Account name: OMEGA Sort code: 08-92-99 Bank account number 65412484**

• By BACS, using online or telephone banking; **please quote your name as a reference**, so we know who has paid. Much easier for OMEGA if you use this means of payment!

• By cheque to the address above, if BACS isn't an easy option for you.

Paid by: BACS ☐ Cash ☐ Cheque (payable to OMEGA) ☐ Total paid: £_____

Name Date

Address.....

..... Postcode.....

Tel no. Mobile no.

Email address

Are you... a sufferer ☐ a carer ☐ a parent ☐ or have an interest in the illness (if so what?) ☐

Note: we never pass on your details to anyone else without your permission, and we don't have paid adverts. If you tick 'yes' below to email information and reminders, we rarely send more than one per month.

Where did you hear about OMEGA? friend/relative ☐ leaflet/poster ☐ online search ☐
health professional ☐ other ☐ (please specify).....

Would you like to be on an **email list for information and reminders?** Yes ☐ No ☐

Would you like to receive **the newsletter by email instead of post?** Yes ☐ No ☐

Would you like to be on a **telephone contact list for members only?** Yes ☐ No ☐

Details of a person you wish us to contact in case of emergency at an OMEGA event (optional)

Name Phone number email