

UKAMB Membership Application



I would like to become a member of UKAMB

Type of membership		Annual Subscription Fee	Tick appropriate box
Milk Bank / Satellite Milk Bank	(voting)	£125	<input type="checkbox"/>
Recipient Hospital	(voting)	£75	<input type="checkbox"/>
Supporting organisation	(voting)	£50	<input type="checkbox"/>
Individual professional *	(voting)	£10 <i>for 2009 only</i>	<input type="checkbox"/>
Interested individual *	(non voting)	£15	<input type="checkbox"/>
Corporate	(non voting)	£500	<input type="checkbox"/>

Institute or Support Group.....

Tel.....

Contact name or Individual

Fax.....

Job Description

Address.....

Email.....

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I enclose a cheque for £..... (made out to UKAMB)

Date.....

Signature

If you would like to support UKAMB, please complete the details above and return this form, with your subscription to

Ms Gillian Weaver, UKAMB, The Milk Bank,
Queen Charlotte's and Chelsea Hospital, Du Cane Road, London W12 OHS.

** Gift Aid enables us to reclaim the basic rate tax you pay as a UK taxpayer –that's an extra 28p for every £1 of your membership fee! Please download a Gift Aid declaration form if you are eligible.*

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**UKAMB promotes and supports the accountable provision
of safe, rigorously screened donor Breastmilk**