

## Confidential help for kidney patients

## **Application Form**

I WOULD LIKE TO BECOME A MEMBER OF THE EXETER & DISTRICT KIDNEY PATIENTS' ASSOCIATION (EDKPA) and to receive their newsletters and other communications.

Name: (PRINT)		
Tel:	Email Address: _	
Date of birth:		
Type of treatment (Pl	LEASE TICK APPROPRIATE BOX)	:
Pre-dialysis CA	PD/PD Haemodialysis	Fransplant
• •		ns EDKPA requires your consent to contact you. agree to be contacted by the following method(s):
I consent to EDKI	PA contacting me by email PA contacting me by post PA contacting me by telephone	
	s consent will be refreshed after 5 nail or in writing) at any time.	years and should I wish to opt out I can inform the
•		National Kidney Federation,to enable ther communications, kindly tick this box.
Signed:		Dated: