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Registered Charity No. 1018749

MEMBERSHIP APPLICATION

Details of child/young person member

FIRST NAME SURNAME.....
ADDRESS.....
POST CODE..... DATE OF BIRTH

Details of parent/carer contact (if applicable)

FIRST NAME..... SURNAME.....
ADDRESS (If different from above).....
POST CODE.....
TELEPHONE EMAIL.....

In order to ensure that we provide the most appropriate information please complete, ticking as many boxes as are appropriate:

The swelling is of: right arm [] left arm [] right leg [] left leg [] trunk [] face []
right hand [] left hand [] right foot [] left foot [] breast [] genitalia []

The lymphoedema is Primary (runs in our family) [] Secondary to cancer treatment []
Secondary to another cause [] Of no known origin []

The Lymphoedema Support Network collects, processes and uses personal data solely to provide LSN membership services. The LSN will not pass on data to a third party for advertising, marketing or any other purpose without your express permission.

FOR OFFICE USE: Date sent

ENTERED ON DBASE []
Pre school Pack [] Primary school Pack [] Secondary school Pack []