

The Liver  
Support  
Group



# Membership Application

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_

**(Work)** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please tick the appropriate box:

Yes, I would like to become a member, please find payment for membership.

I would prefer not to become a member, however I would like to be kept informed about the group.

I would prefer not to become a member, please do not contact me again.

To enable us to produce a newsletter that is of both use and interest, please take a few moments to jot down some notes or questions that you may have;-

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**Margaret McKinlay**  
President  
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