



CSF LEAK ASSOCIATION

Raising awareness of Cerebrospinal Fluid Leaks

Membership Application Form [MF1d]

INTRODUCTION

Whether you are new to the CSF Leak Association or a long-term supporter, we really appreciate and value your involvement and support. Cerebrospinal fluid leaks are underdiagnosed and conservative figures suggest that they affect 5 in 100,000 people spontaneously, while this figure rises significantly when traumatic and iatrogenic leaks are considered; it is vital that we continue to raise awareness and help to improve the speed of diagnosis and access to correct treatment and care.

If you are keen to see our charity achieve its aims and objectives, please do consider joining as a member. Becoming a member is a simple way for you as an individual to become a little more involved. As a member, you will have a number of rights, including the right to attend members' meetings, will play a role in appointing people to serve on the board and will take decisions on changes to the constitution itself. You will also have access to our member-only mailing list and membership directory, and receive a membership pack and periodic newsletters.

When a charity's members are active in helping to shape the agenda and objectives of their charity, the Trustee body is refreshed and its accountability to its members is improved. Our members come from all walks of life – those living with CSF leaks, family, members, doctors, scientists and other supporters – and we would really value your involvement as well.

For more information on our charity, our aims and objectives, and the work we do, please visit: www.csfleak.info

MEMBERSHIP AND APPLICATION TYPE

Please select the appropriate membership category and membership type¹:

Membership Category

Full Membership (Ages 18+) **£15 per year**

Full Membership (Ages 16-17) **£5 per year**

Application Type

First Time Application

Renewal Application

Lapsed Membership Reapplication

Please make cheques and postal orders payable to: **CSF Leak Association**

Important Notes

1. If you are an organisation rather than an individual, please contact membership@csfleak.info to apply.
2. Junior Supporter and Family Membership categories have been removed. If you had one of these, please contact us.

For Renewal Applications and Lapsed Memberships Only

Your membership number (if known):

Your username for our website members' area (if known):

ABOUT YOU

Title

First Name

Last Name

Gender

Date of Birth

Status

- CSF Leak Sufferer – Diagnosed
- CSF Leak Sufferer – Suspected
- Former CSF Leak Sufferer
- Family/Friend of Sufferer
- Medical Professional
- Other:

CSF Leak Type

*(if relevant
and known)*

- Spinal
- Cranial
- Spinal and Cranial
- Unknown

- Not Relevant

Cause of Leak

*(if relevant
and known)*

- Spinal Surgery
- Cranial Surgery
- Lumbar Puncture
- Epidural Anaesthesia
- Spinal Anaesthesia
- Other Iatrogenic Cause
- Ehlers Danlos Syndrome (EDS)
- Marfan Syndrome

- Other Heritable Disorder of Connective Tissue (HDCT)
- Idiopathic Intracranial Hypertension (IIH)
- Bone Spur/Osteophyte
- Cyst (Tarlov, Perineural, Meningeal Diverticuli etc.)
- Trauma
- Other:
- Unknown
- Prefer Not to Say

CONTACT DETAILS

House Name/Number

Address 1

Address 2

Town/City

County

Postcode

Country

Landline

Mobile

Email Address

CSF Leak Association

PO Box 5761

Strathpeffer, IV15 0AQ

www.csfleak.info | membership@csfleak.info

The CSF Leak Association is a Scottish Charitable Incorporated Organisation (charity no. SC046319) working to raise awareness of cerebrospinal fluid leaks, support research and improve access to diagnostic techniques and treatment.

COMMUNICATIONS PREFERENCES

Would you like to join our members' email mailing list?

Would you like to join our members' postal mailing list?

Occasionally, we may use contact details to contact members on an individual basis about news, events or other issues - related to CSF leaks, associated conditions or our work - that we believe may be of interest to them.

Would you like to receive these communications?

We maintain a directory of members who wish to make contact with other members to share experiences and knowledge, and promote and provide mutual support. The directory comprises names, phone numbers and email addresses only.

Would you like to be included in this directory?

From time to time, the CSF Leak Association, our Medical Advisory Board and/or trusted partners may undertake research into CSF Leaks and associated conditions. We, our Medical Advisory Board or our trusted partners may contact you to ask if you would like to participate in such research.

Would you like to be contacted about participation in research?

HOW DID YOU HEAR ABOUT US?

GIFT AID FOR MEMBERS WHO ARE UK TAXPAYERS

Membership subscriptions paid to the CSF Leak Association secure voting rights and the right to attend a charity's AGM. They are classed by HMRC as gifts, provided they meet certain conditions. Gift Aid of 25p for every £1 donated as a gift can be reclaimed from the tax you pay for the current tax year. Your home address is needed to identify you as a current UK taxpayer.



In order for us to claim Gift Aid on your membership subscription, along with any donations that you make in the future or have made in the past 4 years, please tick the box below:

I want to Gift Aid my membership subscription of £ , as well as my past and future donations to the Cerebrospinal Fluid Leak Association (also known as the CSF Leak Association).

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Please notify us if you:

- want to cancel this declaration;
- change your name or home address; or

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- no longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HMRC to adjust your tax code.

DATA PROTECTION ACT 2018

All data supplied on this form will be managed, processed and held in accordance with our Data Protection Policy and applicable sections of our Constitution, retained in a secured database (paper, electronically and/or online) and used to create both an electronic and paper record of your application. For example, the data may be used for the purpose of: enabling your application to be processed and your membership to be managed; the maintenance of online membership accounts in association with our website; the general administration of the charity; enabling the charity to compile statistics, or to assist other organisations to do so, provided that no statistical information that would identify you as an individual will be disclosed or published, and; any other purpose agreed to herein. Your personal data will not be passed onto any parties outwith the CSF Leak Association without your written agreement, except within the terms of the Act, and will not be sold or used for commercial gain. All information will be kept securely and will be kept no longer than necessary. You may contact us at any time to request a copy of all information that we hold in relation to you and, should you cease to be a member of the organisation, subject to any legislative or other legal requirements and obligations, you may also request that we delete any such data.

SIGNATURE AND DECLARATION

I support the aims and objectives of the CSF Leak Association and I hereby apply to become a member of the organisation. I declare that I am aged 16 years or older and that the information contained on this application form is true, complete and correct. I confirm that I both understand and accept the terms and conditions of membership, as outlined on this form and within the organisation's constitution and policy documents. I note that my application for membership must be approved by the Board of Trustees before I can become a member.

Signatory Name

Signature

Date

Note: For family membership applications, the signatory on each form should be that of the applicant to which it relates.

If you require help with your application, or have any queries or questions, please email: membership@csfleak.info

Completed application forms should be sent to:

Membership Secretary
PO Box 5761
Strathpeffer
IV15 0AQ

Official Use Only	
Application Rec'd Date	
Fee Paid	
Fee Correct	Yes / No
Receipt Issued Date	
Receipt Issued By	
Membership Number	
Assigned Username	