

## **Membership Form for Support Group**

I would like to be a part of a support group. Please keep me informed about the meetings and other activities.

**Type of Member (please specify):**

Patient/ Patient's Family Member (Specify name of patient and relationship in the space provided)

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### **PERSONAL DETAILS:**

**Name (Full Name):**

**Age:**

**Address:**

**Pin code:**

**Phone:**

**E-mail ID:**

(Kindly fill in the following details if you are a Patient)

**Diagnosis:**

**Treatment Received:**

**No: of years on Follow up:**

(Kindly fill in the following details if you are Patient's Family Member)

**Please specify reason for joining a support group from the options given below:**

**(a) Requiring support to cope with illness**

**(b) Volunteer**

**(c) Other (Please specify reason)**

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**Date:**