



## Membership Form

I wish to become a member of the Kangaroo Club:-

Name: .....

Address: .....

.....

Telephone No: (Area Code).....(Number).....

Date of Birth: .....Date of Pouch Operation: .....

E-mail:.....

### **Fees**

The subscription for April 2007 – December 2008 will be £12.00.

On receipt of this membership form your name will be added to our list of Kangaroo Club members and you will automatically be mailed / contacted details of future study days, social events and relevant information.

Please return this form with your cheque for £12.00 (made payable to The Kangaroo Club) to:  
Carol Johnston, Administrator, Stomatherapy Department, Level 6, John Radcliffe Hospital,  
Headington, OXFORD, OX3 9DU

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### **GIFT AID – make an even larger contribution – at no extra cost to yourself**

If you are a UK taxpayer and would like to make your contributions worth 28% more at no extra cost to yourself, please complete the following declaration.

I want the Kangaroo Club to reclaim tax on all contributions I make from the date below. I pay sufficient tax (income tax or capital gains tax) to equal the amount that the Kangaroo Club will reclaim (currently 28p for every £1 that I give).

Date: ..... Signature: .....

Address .....

Registered Charity No 1104497