

NOTTINGHAM & NOTTS. KIDNEY PATIENTS ASSOCIATION

Registered Charity no. 508882

<https://www.nnkpa.org/>

Hon. Chairperson:
Mr Tim Miles-Hayler
6 Brooklands Crescent
Nottingham
NG4 3GW
Tel: 07710 325539

Hon. Secretary:
Mrs Alexia James
11 Anford Close
Cinderhill
Nottingham
NG6 8RP
Tel: 07539 310900

Hon. Treasurer
Mrs C H Burton
17 Lowfield Lane
Balderton
Newark, Notts
NG24 3HJ
Tel: 01636 686836

MEMBERSHIP FORM

The **N&NKPA** was formed in 1976 to raise funds for the purpose of providing facilities for and communicating with fellow patients at the City Hospital and its satellite units.

For your information the **N&NKPA** is completely independent association and does **not** receive any financial assistance from any other organisation. All facilities and activities are entirely funded by the efforts of the committee, members, nurses and friends

During the year, members will receive newsletters giving details of fund – raising and social events.

Members and their families can enjoy the use of our holiday home at Skegness for a very reasonable cost. The house consists of five bedrooms, bathroom, lounge, dining room, kitchen and ground floor toilet. Also a stairlift and separate CAPD room. A wheelchair is available, there's a ramp for manual wheelchairs at the rear of the house.

For more information on the Holiday Home ring **Tracey Gill (07798 836119)**.

To take advantage of the Holiday Home you must be a member of the N&NKPA. To become a member you must be having treatment at the Renal Unit at the Nottingham City Hospital or one of its satellite units.

For all new members and membership renewal please fill in the form below and send it with your subscription of £5.00 for each person who would like to join the group; [**cheques to be made payable to the N&NKPA**] send to:-

Membership Secretary:

Mrs S Hopkins, 1 Bunting Lane, Carlton, Nottingham, NG4 1GX Tel: 07517 817860

Nottingham and Notts. Kidney Patients Association Registration Form

Membership 20____ £5.00 (per member) Amount Enclosed £ _____

Member 1 Type: Patient ☐ Carer ☐ Associate ☐

Type of Treatment: Haemodialysis / CAPD / APD / Transplant / Pre-dialysis [delete as necessary]

Title: Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Pass my details onto NKF* ☐

Name: _____

Address: _____

Post Code: _____ Tel No: _____

Mobile: _____

Email: _____

Signed: _____

P.T.O.

Member 2 Type: Patient ☐ Carer ☐ Associate ☐

Type of Treatment: Haemodialysis / CAPD / APD / Transplant / Pre-dialysis [delete as necessary]

Title: **Mr.** ☐ **Ms.** ☐ **Mrs.** ☐ **Miss** ☐ **Pass my details onto NKF*** ☐

Name: _____

Address: _____

Post Code: _____ **Tel No:** _____

Mobile: _____

Email: _____

Member 3 Type: **Patient** ☐ **Carer** ☐ **Associate** ☐

Type of Treatment: Haemodialysis / CAPD / APD / Transplant / Pre-dialysis [delete as necessary]

Title: **Mr.** ☐ **Ms.** ☐ **Mrs.** ☐ **Miss** ☐ **Pass my details onto NKF*** ☐

Name: _____

Address: _____

Post Code: _____ **Tel No:** _____

Mobile: _____

Email: _____

Member 4 Type: **Patient** ☐ **Carer** ☐ **Associate** ☐

Type of Treatment: Haemodialysis / CAPD / APD / Transplant / Pre-dialysis [delete as necessary]

Title: **Mr.** ☐ **Ms.** ☐ **Mrs.** ☐ **Miss** ☐ **Pass my details onto NKF*** ☐

Name: _____

Address: _____

Post Code: _____ **Tel No:** _____

Mobile: _____

Email: _____

* By allowing your details to be passed onto NKF (National Kidney Federation) you will receive copies of their Kidney Life Magazine etc. Please contact NKF on 01909 544999 to change your preferences with them.