

Galactosaemia Support Group

Registration Form for Professional Members



Title : Mr / Mrs / Miss / Ms / Dr / Other (please state)

Surname/s :

First Names :

Address :

.....

.....

.....

.....Post Code :

Telephone Number : Email :

Job Title :

Place of Work :

Do you have any galactosaemic children / adults in your care? Yes / No

If yes, how many?

Have you found it difficult obtaining information on galactosaemia? Yes / No

Where did you hear of GSG?

Are you aware of the galactosaemia Register? Yes / No

I enclose a bankers order form or cheque for £20.

Signed Date