



Galactosaemia Support Group Registration Form for Professional Members

Charity No: 1020167
www.galactosaemia.org

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

Surname: _____

First name: _____

Address: _____

Postcode: _____

Telephone number: _____ Email: _____

Job Title: _____

Place of Work: _____

Do you have any galactosaemic children / adults in your care? 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 (UK)
£30 (Overseas)

Signed _____ Date _____