



MEMBERSHIP APPLICATION FORM

As a member of the Cork Stroke Support Group, we will keep your details on file. We ask that you pay an annual membership fee of €15 (€20 to include Associate Member) This is due each year on 1st January covering period to 31st December. This money will be used to assist with admin costs and subsidise CSSG activities. In return, we will aim to keep you informed of our programme.

Name:	Date of birth:
Address:	Contact tel. No.:
	Mobile Number:
Next of Kin Contact Name:	
Relationship:	
Phone Number:	
Will a relative accompany you to CSSG sessions?	Yes No Sometimes
Date of Stroke:	
Weakness: left sided <input type="checkbox"/>	right sided <input type="checkbox"/>
upper limb <input type="checkbox"/>	lower limb <input type="checkbox"/>
none <input type="checkbox"/>	none <input type="checkbox"/>
Mobility: walk independently <input type="checkbox"/>	transfer only <input type="checkbox"/>
	wheelchair dependent <input type="checkbox"/>
Speech Difficulties <input type="checkbox"/>	
Are there other medical issues that you think we should know about ie epilepsy?	
No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	
GP/ Doctor:	Contact tel. No.:
Address:	
Did you complete (General Data Protection Regulation (GDPR) Form	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature: _____ Date: _____

Please return completed form (with payment) together with GDPR Form to:
Cork Stroke Support Group, Activity Centre, St Finbarr's Hospital, Douglas Rd., Cork, T12XH60