Membership application form The best support comes from people who understand. So wherever you are in your gluten free journey, our





We've got you, because we get you.

Membership is	s for: Myself	D My child/de	ependant 🗆	My fam	nily 🗆				
Your details									
						B: DD/MM/YYYY			
	nail:Str			address:					
		· · · · · · · · · · · · · · · · · · ·							
		Contact tel:	•••••						
—	nt - if applicab		0			B: DD/MM/YYYY			
l itle:	First name:		Surname:		D.O.I				
the gluten free d into coeliac dise which can help r	liet and coeliac di ease. We are the c researchers find b	sease and your ethnic only organisation in the petter solutions to man	ity to ensure w UK that mana aging the diet	e provide the rig ge a register of , and eventually,	t information to people who need to curing coeliac dis	bout your health in relation to you whilst supporting research to follow the gluten free diet, ease.			
			formation you provide us with to be used ty that you provide us with to be used in th			No 🗆			
I / my child or dependant has been diagnosed with (tick all that apply): Coeliac disease Dermatitis herpetiformis Gluten sensitivity Wheat intolerance									
□Refractory coe		Neurological conditions (i.e. gluten ataxia,			-				
☐ Anaemia	ue syndrome (ME	have any other of the Autism spectrum) Irritable bowel syr	disorder	ditions? (tick all Autoimmune Lactose intole	thyroid disease	 Autoimmune liver disease Osteoporosis 			
Ethnic group									
White:	🗅 British		rish		Other				
Black:	□ African		Caribbean		Other				
Asian:	 Indian White and black 		Pakistani Vhite and blac	k Caribbaan	 Chinese White and Asia 	Other			
Mixed:				K Calibbean		an 🗖 Other			
Referred to join	n Coeliac UK by	7							
Coeliac UK m		Coeliac UK websit			Event	Facebook			
Gastroenterol	logist	GP	Instag		Internet search				
Paediatrician		Pharmacist	Twitte	r	Other (please)	specify)			
Reason/s for jo	oining		_						
□ To be part of a gluten free community. □ I found Coeliac UK's Helpline helpful. □ For support with my diagnosis and the diet.									
	•	hcare professional.			mily or friend/s wit				
□ I was recommended by friend/s or family. □ To support research into the condition.									
				To support work with the catering industry.					
 To find where I can eat out safely. To support work with healthcare professionals. For information on gluten free food. Other (please specify). 									
How would you	u like to hear fr	om us?							
-			-			latest issues and activities			
that impact you and the wider gluten free community. These activities cover areas such as important research into coeliac disease									
and the effects of gluten, community activities and events such as food fairs, raffles, lotteries and other giving opportunities, exclusive products and offers, and ways you can help us campaign to improve the standards of living gluten free.									
				improve the sta	indards of living gl	uten Tree.			
Please do not send updates via post from Coeliac UK 🗅 In addition to postal communications, or if you prefer, we can send you these updates by email or contact you by telephone									
Telephone: Yes I No I Email: Yes I No I									
				tee. If it should become in	solvent, full members would b	e liable to contribute £1 towards its liabilities.			
coline LIK's logal constitution	is defined by the Memoran	dum and Articles of Association. Can		uset from the Cooline LIK a	ffice All our data processing (amplies with the Date Protection Act 2019			

complies with the Data Protection Act 2018

Membership payment details

Membership fees are an essential contribution to the unique services and support that Coeliac UK is able to provide to you. Select your membership type (option A or B) - Annual membership with Coeliac UK is £24 and there's a membership option for everyone. You can save money by signing up for your first two years now at a discounted rate of £42. Not sure about two years? No problem, select one year membership, and also have the additional option to spread your payments throughout the year by setting up a Direct Debit for just £2 per month.

\checkmark	Category	Option A: 1 year (all payment methods)			Option B: 2 years (card payment only)		Description	
\checkmark	Individual	£24	\checkmark		£42	\checkmark	For adults or parents and carers of children under 16.	
\checkmark	Concessionary	£12	\checkmark	OR	£24	\checkmark	For adults or parents and carers of a child under 16 years on a reduced income, eg. registered unemployed, students or reliant on state pensions or benefits.	
\checkmark	Household	£30	\checkmark		£54	\checkmark	For those with more than one member of the household wishing to join.	

Method of payment - please select ONE of the following options (1, 2 or 3):

Please consider including a donation. A donation to Coeliac UK will be used to campaign for greater knowledge around coeliac disease and other gluten related conditions, fight to change legistlation and challenge the food industry to provide better options for those needing a gluten free diet. It also goes towards our ground breaking research into the disease, what causes it, possible new treatments and hopefully one day finding a cure.

1. Cheque / postal order for £ made payable to 'Coeliac UK'							
2. One off card payment for £ on my MasterCard Visa Maestro Card number Maestro only Maestro only Maestro only Start date Expiry date Issue no (Maestro only) CVC no (last 3 digits on reverse)							
3. Direct Debit							
Please complete all sections below if you wish to set up an ongoing Direct Debit to pay your membership fee.I would like to give							
Instruction to your bank or building society to pay by Direct Debit							
Name of account holder(s) Bank/building society account number Bank sort code Bank and address of your bank/building society							
To The Manager Bank/building society							
Address							
Service user number Reference number (for office use only) 6 4 9 9 5 6							

To Gift Aid your donation please tick and sign below

Boost your donation by 25p of Gift Aid for every £1 you donate

□ I want Coeliac UK to claim Gift Aid on my donation, any donations I have made in the past four years, and those I make in the future, until I tell you otherwise. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all donations in that year it is my responsibility to pay the difference. I will tell Coeliac UK if I am no longer eligible to claim Gift Aid or if my name or address change.

Signature Date

Please return this completed form to

Membership Team, Coeliac UK, 3rd Floor Apollo Centre, Desborough Road, High Wycombe, Bucks, HP11 2QW