

MEMBERSHIP APPLICATION FORM

Title	<input type="text"/>	
Name	<input type="text"/>	
Address	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone	<input type="text" value="(Home)"/>	<input type="text" value="(Work)"/>
Date of birth	<input type="text"/>	
<input type="checkbox"/> I have Lymphoedema	<input type="checkbox"/> I am a Health Care Professional	
<input type="checkbox"/> Other (please specify)	<input type="text"/>	

I would like to join the LSN and enclose payment for:

<input type="checkbox"/> Annual UK subscription £15.00	
<input type="checkbox"/> Annual overseas subscription £30.00 (payment in sterling please)	
<input type="checkbox"/> Donation to support the work of the LSN of	<input type="text" value="£"/>
<input type="checkbox"/> Total (including cost of any purchased information)	<input type="text" value="£"/>
<input type="checkbox"/> I am a UK tax payer and I would like the LSN to reclaim tax on this and all future donations I make to the charity or until further notice.	
<input type="checkbox"/> I enclose a cheque made payable to the LSN	
<input type="checkbox"/> I would like to pay by credit/debit card (Please phone 020 7351 0990)	

Please send to The Lymphoedema Support Network

The LSN uses your data solely to provide membership services and will not pass it on to any third party. Please help us by completing the information overleaf.

FOR OFFICE USE ONLY

Date entered onto database	<input type="text"/>
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MY LYMPHOEDEMA EXPERIENCE

My lymphoedema swelling is of

<input type="checkbox"/> Right arm	<input type="checkbox"/> Left arm	<input type="checkbox"/> Right leg	<input type="checkbox"/> Left leg
<input type="checkbox"/> Right hand	<input type="checkbox"/> Left hand	<input type="checkbox"/> Right foot	<input type="checkbox"/> Left Foot
<input type="checkbox"/> Trunk	<input type="checkbox"/> Face	<input type="checkbox"/> Breast	<input type="checkbox"/> Genitalia

I have the following category of lymphoedema

<input type="checkbox"/> Primary lymphoedema
<input type="checkbox"/> Secondary to cancer treatment
<input type="checkbox"/> Secondary to another cause

My lymphoedema was as a result of treatment for

<input type="checkbox"/> Breast cancer
<input type="checkbox"/> Prostate cancer
<input type="checkbox"/> Melanoma (skin cancer)
<input type="checkbox"/> Cervical cancer

Other (please specify)

I receive my treatment from

<input type="checkbox"/> GP	<input type="checkbox"/> Community nurse	<input type="checkbox"/> Lymphoedema nurse
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Other (please specify)

I heard about the LSN from (please specify)

For office use:

Date:
Welcome Letter:
MAC:
Newsletter:
Factsheets:

LSN FACT SHEETS AND MERCHANDISE ORDER FORM

To order, please indicate your requirements and return with the Membership Application form.

NAME

POST CODE

Title	Cost each	Qty	Total
Lymphoedema - Advice on self-management and treatment (Mortimer and Todd) Third edition. Beaconsfield Publishers Ltd., UK Written by health professionals describing lymphoedema and treatments.	£5.00		
Lymphoedema - A guide for cancer patients Royal Marsden Hospital booklet giving general information on lymphoedema treatment. Patient Information Series No. 26	£3.00		
DVD – Self-management techniques for arm lymphoedema	£12.00		
DVD - Self-management techniques for leg lymphoedema	£12.00		
Alert Bracelets (Hospital Style). For single use only.	£1.00 each or 6 for £5.00		
Stress Balls	£3.75		
Shopping Bag - LSN branded, re-usable, folding, polyester bag	£3.00		
Awareness Wristbands Green silicone wristband debossed with 'Lymphoedema matters' in white. (Fits average size wrist.)	£1.00		
Wrist Warmers Knitting Pattern	£3.00		
Please add this amount to your Membership Application form.			
Total:			£.....

Fact Sheets available free to members A DONATION TOWARDS POSTAGE WOULD BE MUCH APPRECIATED.	Tick Leaflets Required
Reducing the Risk of Upper Limb Lymphoedema	
Lymphoedema of the Breast or Trunk	
Upper Limb Lymphoedema	
Head, Face and Neck Lymphoedema	
Genital Lymphoedema	
Reducing the Risk of Developing Lower Limb Lymphoedema	
Swollen Feet & Legs	
The Use of Compression Garments in Lymphoedema Management	

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Fact Sheets continued	Tick Leaflets Required
Lymphoedema Associated with Chronic Venous Insufficiency	
Manual Lymphatic Drainage for People with Lymphoedema	
What is Cellulitis?	
Management of Cellulitis in Lymphoedema	
Diuretics and Lymphoedema	
Skin Care	
Healthy Eating	
Recreational Exercise and Movement with Lymphoedema	
Holidays & Travel	
Early Childhood Lymphoedema	
Teenage Lymphoedema	
Multi-Layer Lymphoedema Bandaging (MLLB)	
Emotional and Social Aspects of Lymphoedema	
The Use of Kinesio Tape in Lymphoedema Management	
Oedema in Advanced Ill Health (Information for healthcare professionals). Available from LSN website only – in HCP section	
Lipoedema	
Management of Oedema in Advancing Disease (Information for patients)	

OTHER INFORMATION	Tick Leaflets Required
MLD UK register of manual lymphatic drainage therapists	
Disability Living Allowance By Karen Booth Pension Disability and Carers Service Manager	
Lymphorrhoea Melanie McCann, Lymphoedema Nurse Specialist, St. George's Hospital, London	
Tips for Summer Denise Hardy, LSN Trustee and Nursing Advisor	
Exercise and Movement Melanie Thomas, National Clinical Lead Lymphoedema, Welsh Government	
LSN Guide to Fundraising Pack	

Please make cheques payable, in **pounds sterling** only, to the
LYMPHOEDEMA SUPPORT NETWORK
and send to the LSN, St Luke's Crypt, Sydney St., London SW3 6NH