



The Menopause Exchange

Join Us

Membership form

To join us please fill in the form below.

Please post a cheque or postal order to The Menopause Exchange, PO Box 205, Bushey, Hertfordshire WD23 1ZS.

Title: _____

Membership type:

Individual Membership / Local Organisation / National Organisation / Company

First name: _____

Last name: _____

If you are a healthcare professional, state your qualification:

Address 1: _____

Address 2: _____

City: _____

Post code: _____

Country: _____

E-mail: _____

Telephone: _____

Where did you hear about us?: _____
