



Application for Inclusion on the AngelmanUK Mailing List
(Please complete as fully as possible)

Surname(s): _____

Forename(s) : _____
(please put both partners if parents)

Address: _____

Post Code _____

Landline: _____ Mobile: _____ Email: _____

Relation to Angelman Child/Adult:

Parent: _____ Grandparent: _____ Brother/Sister: _____ Other: _____

If parent or legal guardian, please provide the following information. If not parent please give first name of child/adult only.

No information will be released without permission

Name of individual with AS: _____ Date of Birth _____

Genetic Classification of AS Individual (if known):

Deletion (Del+) _____ Uni-Parental Disomy (UPD) _____ Ube3a Mutation (Ube3a) _____

Imprinting Centre Defect (ICD) _____ Mosaic _____ Clinical diagnosis _____

I agree to:

Receive newsletters and other correspondence via post: YES / NO

Have my details included on a contact register for other families to contact: YES/NO

Have my details added to the member register and be held until I request they are erased: YES/NO

I would be interested in helping AngelmanUK to:

Fundraise: YES / NO Organise Regional Meetings/Activities: YES / NO

Publicise AS: YES / NO Help with Research: YES / NO

Have you any special skills, which you would like to use to help AngelmanUK? _____
i.e. able to translate from other languages?

Signed _____ Print Name _____ Date _____

When completed please return (No Stamp needed) to:

AngelmanUK
FREEPOST PO Box 4962
Nuneaton
CV11 9FD