The Turner Syndrome Support Society (TSSS)  
13 Simpson Court, 11 South Ave, Clydebank Business Park, Clydebank G81 2NR  
Tel: 0141 952 8006  Fax: 0141 952 8025  Helpline: 0845 230 7520  
Email: Turner.Syndrome@tss.org.uk  Website: www.tss.org.uk  
TSSS Charity Registration Number 1080507

The Turner Syndrome Support Society offers support and information to girls and women who have Turner Syndrome (TS), their families and friends.

Members of the Society receive quarterly newsletters and a range of TSSS information leaflets are available. Members can attend any of the Open Days and the Annual Conference (a charge will apply). Membership also offers access to a membership network for social contact with others who share the same interests and concerns. Friendship groups operate in several areas of the UK.

The Society enjoys a good relationship with relevant specialists to promote a good basis for education and understanding of the management of Turner Syndrome. The Society encourages research into all aspects of TS including medical, psychological and educational. Communication between other support groups, both national and international, offers the opportunity for an exchange of ideas to help develop awareness and greater understanding of TS both in the UK and elsewhere.

Health, Educational and Social Services professionals may also obtain information about TS from the Society and become members in order to keep up with research and treatment of TS.

Annual Membership Fee: UK: £30 by standing order, £35 by cheque or PO. OVERSEAS: GBP35 (membership is deemed to include the person with TS & her immediate family)

**Membership Form**

If you wish to become a member of the TSSS please complete the form below in BLOCK CAPITALS, remembering to sign and date it, and return to the TSSS.

It would be helpful if you could return the completed questionnaire with your membership form.

**Name:**

**Address:**

**Postcode:**

**Telephone:**

**Day:**

**Mobile:**

**Email:**

Parent of daughter with TS [ ] I have TS [ ] Other, please state:______________________________

**Area of Work:**

**Ethnic Origin:**

I enclose a cheque for £35 [ ] or postal orders to the value of £35 [ ]

(made payable to the Turner Syndrome Support Society)

**I have completed the standing order mandate and sent it to my bank**

£30 per year [ ] or, £3 per month [ ] or, my donation of £________ per month/year [ ]

Overseas members please send a Sterling cheque for £35 [ ]

I am also enclosing a donation to the value of £________ [ ]

I confirm I am a taxpayer and wish the TSSS to claim Gift Aid [ ]

**I am already a member of the TSSS [ ]**

Have you ever attended any of our Conferences or Open Days? Yes [ ] No [ ]

Signature:______________________________ Date:______/______/______

All information is kept in the strictest confidence and in accordance with the Data Protection Act for your protection.
Questionnaire

You are under no obligation to complete this questionnaire but your answers will help the TSSS to compile a comprehensive database of information. This [in the future] may benefit others with TS with regard to treatment, education and attitudes towards those with TS. All information is kept in the strictest confidence and in accordance with the Data Protection Act for your protection.

Name of person with TS: ___________________ Age/DOB: ___________
Name of person completing questionnaire on behalf of child under 16: ___________________

Participation (please delete as applicable)
I would like contact with other TSSS members YES/NO Other participation: __________________________
My child would like a penfriend YES/NO
I am willing to help with fundraising YES/NO
I would like to help in other areas YES/NO
I am willing to help with research YES/NO
I would like details on helping with the TS register YES/NO
I would like to be part of a web message board YES/NO
I am willing to be contacted by the media YES/NO

Medical Issues (please delete as applicable)

Eye issues YES/NO Heart YES/NO Feeding YES/NO Weight YES/NO
Dental YES/NO Behaviour YES/NO Speech YES/NO Psychological YES/NO
Psychiatric YES/NO Urinary YES/NO Obs/Gynae YES/NO Feet Hands YES/NO
Orthopaedic YES/NO Other, please state: __________________________

Education: does your child have issues with (please delete as applicable)

Statemented YES/NO Writing YES/NO Performance YES/NO Learning support YES/NO Maths YES/NO Reading YES/NO

I want the charity to treat the statement below as Gift Aid:

The enclosed donation of £___________, plus all donations I have made since 6th April 2000, and all donations I make from the date of this declaration, until I notify you otherwise, as gift aid donations.

Name of person completing questionnaire on behalf of child under 16: _____________________

Name of Hospital(s): __________________________________________________________

Standing Order Instruction:

To the Manager of ____________________________________________
Account Name: _________________________________________________________________
Sort-code: ___________________ Account Number: __________________________
Beneficiary Account Number: 71369458
Beneficiary Bank Address: HSBC BANK PLC, 24 MARKET SQUARE WITNEY OXFORDSHIRE OX7BG
Beneficiary Sort-Code: 40-47-07
Beneficiary Reference: TSSS MEMBERSHIP

Gift Aid Declaration

If you wish the TSSS to claim Gift Aid please complete the form below and return to the TSSS.

Title: _____ Forename(s): ___________________ Surname: ________________
Address: ________________________________________________________________

I want the charity to treat the statement below as Gift Aid:

The enclosed donation of £___________, plus all donations I have made since 6th April 2000, and all donations I make from the date of this declaration, until I notify you otherwise, as gift aid donations.

Signature: __________________________ Date: ________/________/_______

Please notify the Charity if you change your name and/or address.

To comply with the Data Protection Act the TSSS must inform you that this information will be stored on the TSSS Database. Please sign and date your agreement.

Signature: __________________________ Date: ________/________/_______

The TSSS welcomes your involvement as a member. Please write any comments or suggestions below.

__________________________________________________________________________

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