

Dumfries and Galloway ME and Fibromyalgia Network Support for ME, CFS & Fibromyalgia

New Member Contact Details

(Please Print)

Date: _____

Title: _____

Name: _____

Address: _____

Post Code: _____

Tel: _____

Mobile: _____

E-Mail: _____

Please tick or highlight as appropriate:

ME/CFS

Fibromyalgia

Carer

Family / Friend