

Study Group

	First Name	Surname	Willing to be contact or lead	Membership No.	Telephone No.	Email Address
1			Yes or No			
2			Yes or No			
3			Yes or No			
4			Yes or No			
5			Yes or No			
6			Yes or No			
7			Yes or No			
8			Yes or No			
9			Yes or No			
10			Yes or No			
11			Yes or No			
12			Yes or No			
13			Yes or No			
14			Yes or No			
15			Yes or No			
16			Yes or No			

Please write your details above if you would be interested in taking part in this study group