



Sarah Matheson Trust for  
Multiple System Atrophy

# Registration Details

**Title (e.g. Mr, Miss)**

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**Surname**

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**Initials**

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**First name (or preferred name)**

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**Address**

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**County**

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**Post Code**

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**Telephone Number**

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**E-mail**

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**Name of family member**

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**or person you care/d for**

(delete as appropriate)

**Relationship to person with MSA**

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**Address**

*(If different from above)*

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**How did you find out about the Sarah Matheson Trust?**

Friend/family

Specialist

GP

Nurse

Social Services

Therapist

Website

Parkinson's Disease Society

Ataxia UK

other  (please state) .....

**Are you happy for us to share your contact details with any Sarah Matheson Trust groups setting up locally?** Yes  No