



## APPLICATION FORM

I would like to become a member of the Psychiatry Research Trust

Name: ..... (Dr. Mr. Mrs. Miss)

Address: .....

..... Year of Birth .....

Please return to Mrs. Refaelli, Psychiatry Research Trust, De Crespigny Park, Denmark Hill, SE5 8AF

I wish to join the Psychiatry Research Trust the object of which is to seek the causes of and provide better treatments for all mental illnesses, brain diseases and mental handicap.

I enclose my annual subscription of £10

Thank you for any donation you are able to make

I would like to receive information leaflets on (please circle those you would like to receive).

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|---|--|
| 1. Alzheimer's Disease                  | 12. Depression                                     |
| 2. Schizophrenia                        | 13. Introductory Guide to Mental Health Treatments |
| 3. Parkinson's Disease                  | 14. Child and Adolescent Depressive Disorders      |
| 4. Epilepsy                             | 15. Hyperkinetic Disorders                         |
| 5. Anxiety and Phobias                  | 16. Postnatal Psychosis/Postnatal Depression       |
| 6. Seasonal Affective Disorder          | 17. Hypochondriasis                                |
| 7. Anorexia Nervosa and Bulimia Nervosa | 18. Common sexual disorders                        |
| 8. Making a Will                        | 19. Anti-depressants                               |
| 9. Manic Depression                     | 20. Alcoholism                                     |
| 10. Chronic Fatigue Syndrome            | 21. Obsessive Compulsive Disorder                  |
| 11. Post Traumatic Stress Disorder      | 22. Motor Neurone Disease                          |

