

# Membership Form April 2015—March 2016

One vote per membership form



All Family/Household Names in Full: \_\_\_\_\_  
 \_\_\_\_\_



Address: \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Postcode: \_\_\_\_\_



Phone number: \_\_\_\_\_



Mobile number: \_\_\_\_\_



Email: \_\_\_\_\_



Please tick if you:    Have a learning disability   
                                   Are a parent / carer   
                                   Are a supporter of Greenwich Mencap



Please circle your preference

Newsletter by post	Newsletter by email	I want to be a member but I don't want a newsletter
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**I am an existing customer (Independent Living Service/Riverwood)**

**Do you want a Member ID Badge? Pay £5 and tick the box.**

(Cheques payable to Greenwich Mencap)

**You can set up a standing order with your Bank. Use form overleaf.**



I/We want to be a member of Greenwich Mencap. I am / We are happy for Greenwich Mencap to keep these details about me /us safe. If Greenwich Mencap is wound up (if it closes), I will pay £1 toward its debts, if there are any

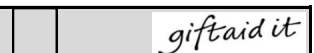
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are signing on someone's behalf, sign here:

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Your relationship to the member: \_\_\_\_\_

Gift Aid - Please tick



If you are a UK taxpayer, we can reclaim tax you have already paid under the government's Gift Aid Scheme at no cost to you. Please ask for a form or we can send you one.

