

# Annual Membership Form April 2019 March 2020

One AGM vote per membership form



Member Name in Full: \_\_\_\_\_  
 \_\_\_\_\_



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



Phone/Mobile: \_\_\_\_\_



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



**Please tick if you Want us to hold your data**

We will hold your personal information on a secure computer database. We will use this information to send you information about what we do, including Services we offer. We will not pass your information onto other organisations.

Please circle your preference

|                       |                        |  |
|-----------------------|------------------------|--|
| Newsletter<br>by post | Newsletter<br>by email | I want to be a member but I<br>don't want a newsletter |
|-----------------------|------------------------|--|



**Membership** £10

**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)

**Donations:** £5      £10      £25      £50      Another amount .....

**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.

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

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

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

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

|   |
|---|
| Gift Aid - Please tick <input type="checkbox"/> <i>giftaid it</i>   |
| 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. We will hold this information for gift aid purposes. |

# Standing Order Form

| Personal details  |            | <i>giftaid it</i>                          |
|---|------------|--|
| Title   | First name | Surname                                    |
| Full postal address   |            |  |
| Postcode  |            |  |
| Home telephone  |            | Mobile telephone                           |
| Email address   |            |  |
| Your Bank Details   |            |  |
| Bank name and postal address in full  |            |  |
| Postcode  |            |  |
| Sort Code   |            | Account Number                             |
| Signature   |            | Date                                       |
| Please pay to CAF Bank, 25 King's Hill Avenue, King's Hill, West Malling,<br>Kent ME19 4TA, to the credit of Greenwich Mencap<br>Sort code: 40-52-40 Account number: 00020054 |            |  |
| I wish to give the following amount to Greenwich Mencap, registered charity number 802103:  |            |  |
| Membership: £10 immediately, then on 1st April each year until further notice   |            | <input type="checkbox"/>                   |
| Membership ID Card: £5 immediately, then on 1st April each year until further notice  |            | <input type="checkbox"/>                   |
| Donations £5 <input type="checkbox"/> £10 <input type="checkbox"/> £25 <input type="checkbox"/> £50 <input type="checkbox"/> Another amount .....                             |            |  |
| I wish to give this amount:    Weekly    Monthly    Quarterly    Annually   |            |  |
| Start Date :    Until Further Notice  |            |  |
| I am a UK taxpayer and I would like Greenwich Mencap to treat all donations<br>I make to them as Gift Aid donations until I notify otherwise. <b>Please tick box.</b>         |            | <input type="checkbox"/> <i>giftaid it</i> |
| Signature   |            | Date                                       |
| Please return to: Greenwich Mencap,<br>Unit 7 Woolwich Common Enterprise Centre, Peace Street, Woolwich SE18 4HX  |            |  |