

MEMBERSHIP APPLICATION

FROM 1ST JANUARY 2019 TO 31ST DECEMBER 2019

Any personal information given to The Centre is kept confidential and adheres to GDPR guidelines

I wish to apply to become a member of the Multiple Sclerosis Therapy Centre (South Yorkshire) Ltd In the event of the Company being dissolved I undertake to pay a sum of £1.00 towards any outstanding debts in accordance with the Company's regulation.

Suggest Donation £25.00 (You may add 2 close family members at £10 per person)

Payable to the Multiple Sclerosis Therapy Centre (South Yorkshire) Ltd

FULL NAME

ADDRESS

POSTCODE

DATE OF BIRTH

LANDLINE

MOBILE

EMAIL

CONTACT IN EMERGENCY: Name

Number:

Relationship:

Please would you allow us to claim Gift Aid, on *all* of your therapy donations made throughout the year by ticking the box below. This simple act will boost every £1 you donate by an extra 25p!!!

Gift Aiding costs you NOTHING extra, it is an allowance given by the TAX MAN from tax you are already paying!!! The Gift Aider must pay more tax per year than we would be claiming in Gift Aid, 25p in the pound, which most people definitely do. To enable us to claim this available 'free' money all we need is a name, an address and permission.

So Please tick the box *giftaid it*

If you personally are not eligible for us to claim Gift Aid we can legally claim against your partners, family member or friends name as long as they are aware that you have nominated them and they agree.

Charity Gift Aid Declaration – *for multiple donations*

I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to:

Name of Charity **Multiple Sclerosis Therapy Centre (S. Yorks) Ltd**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Gift Aiders Details

Title First name or initial(s)

Surname

Full Home address

Postcode

Date

Please notify the charity if you: want to cancel this declaration change your name or home address no longer pay sufficient tax on your income and/or capital gains

OPTIONAL ADDITIONAL MEMBERSHIP APPLICATION

PERSON TWO:

FULL NAME

DATE OF BIRTH

EMAIL:

LANDLINE:

MOBILE

CONTACT IN EMERGENCY: Name:

Number:

Relationship:

Gift Aiders Information if different *giftaid it*

Title

First name or initial(s)

Surname

Full Home address

Postcode

Date

PERSON THREE:

FULL NAME

DATE OF BIRTH

EMAIL:

LANDLINE:

MOBILE

CONTACT IN EMERGENCY: Name:

Number:

Relationship:

Gift Aiders Information if different *giftaid it*

Title

First name or initial(s)

Surname

Full Home address

Postcode

Date

Office Use Only:

DATA BASE		GIFT AID		LABEL/S		EMAIL GROUP		INDEX CARD		NORTHWOOD	
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