



MEMBERSHIP FORM

I/we wish to apply for membership to ACTION FOR ASD (please tick as appropriate)
MEMBERSHIP IS ON A YEAR TO YEAR BASIS

How did you hear about Action for ASD? _____

- Individual member / Family - £20 (Unwaged/student/individual with ASD) - £10
- Newsletter Only (no membership) - £10 Corporate member - £35

Are you: Parent Carer Person with ASD Professional Other.....

Mr/Mrs/Mr & Mrs/Ms/Miss (Please circle)

NAME

ADDRESS

Council Ward: _____ Postcode: _____

Phone : _____ Mobile : _____

To help us reduce costs on post and production of our newsletter please tick here if you would like to receive your regular copy by Email. Email : _____

Please also help us update our records by filling in your current Email address.
(Please write exactly as email address)

Confirm Email: _____

Details of CHILDREN

NAME	DATE OF BIRTH	DIAGNOSOS (if applicable)	SCHOOL (info of those with diagnosis)

Payment: Cheque made payable to ACTION FOR ASD Invoice Standing order - (Please contact the office for a form) Cash

I/We agree to uphold the aims and objectives of ACTION FOR ASD

Please read and sign the Gift Aid Declaration on the reverse of this form.

SIGNED

DATE

Data protection: The Project Director of ACTION FOR ASD is a data controller under the Data Protection Act 1998. The personal data you provide in this application form will be used for membership administration and for statistical and other purposes connected with ACTION FOR ASD. Return of this form will be taken as your consent to such use. Membership details are not disclosed to third parties for marketing or other purposes. Technical and organisational measures are taken to prevent unauthorised or unlawful processing or disclosure of information.

Gift Aid Declaration

Name of Charity: Action for ASD

Details of donor

Title.....Forename(s).....Surname.....

Home address

.....
.....
.....

Post Code.....

I want the charity to treat

*the enclosed donation of £..... as a Gift Aid donation

*the donation(s) of £..... which I made on..../..../..... as (a) Gift Aid donation(s)

*all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations

*all donations I have made for the six tax years prior to the year of this declaration, (but no earlier than 6/4/2000) and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

**delete as appropriate*

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year. (currently 28p for each £1 you give).

Signed..... Date...../...../.....

NOTES

1. You can cancel this Declaration at any time by notifying the charity.
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity. Or, refer to donations by individuals.
5. Please notify the charity if you change your name or address.