

**Membership Application form**

Title    Mr       Mrs       Ms

Last name

First name

Email Address

Mobile number

Landline Telephone number

Address

Postcode

How would you like to receive your newsletter? (tick)

By email

By post

**The yearly membership fee is £5 per adult.**

**The Membership year runs from the 1<sup>st</sup> of June to the 31<sup>st</sup> of May each year**

I/WE SUPPORT MENCAP'S OBJECTIVES AND ALSO ACKNOWLEDGE LIABILITY IN THE EVENT OF NEW FOREST MENCAP'S INSOLVENCY of £1 AND AGREE TO THE ABOVE INFORMATION BEING STORED IN THE NFM AS PER THE NFM GENERAL DATA PROTECTION REQUIREMENTS POLICY DOCUMENT. NFM NEVER SHARES PERSONAL DETAILS.

Signature

Date

**GIFT AID:** if you pay UK income or Capital Gains tax NFM can currently reclaim 25p for each £1 you pay in respect of your subscription.

I would like New Forest Mencap to treat all subscriptions and donations I make from the date of this declaration as Gift Aid donations until I notify you otherwise.

**Your gift Aid Declaration must be cancelled if you no longer pay income tax.**

Signature.....Date.....