

# Ruth Winston Centre Membership Application



## PERSONAL DETAILS

Title	First Name	Surname
Address		Post Code
Date of Birth	Telephone No. (Home)	Mobile No.
Email Address <i>Please print clearly</i>		

### Do you have someone we can contact in the event of an emergency?

Name	Relationship		
Telephone No. (Home)	Mobile No.		
Doctor's Surgery (Only to be used in an emergency)			
Telephone No.			
Are you a Carer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you carry a Carers Emergency Card?	YES <input type="checkbox"/> NO <input type="checkbox"/>

### The Disability Discrimination Act (1995)

Defines a disabled person as someone with a physical or mental impairment, which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Do you consider yourself to have such a disability? YES  NO  If Yes please tick below

Hearing Impairment	
Visual Impairment	
Learning difficulty	
Mental Illness	
Mobility Issues	
Other Disability or Illness (Please state below)	

### Equal Opportunities Monitoring

Please complete this section to enable the Centre to monitor its work in relation to the Equal Opportunities' Policy.

English	Turkish Cypriot	Pakistani
Welsh	Spanish	Bangladeshi
Irish	French	Other Asian
Scottish	Kurdish	Japanese
N. Irish	White & Black Caribbean	Mauritius
White British	White & Black African	Chinese
British Other	Black Caribbean	Sri Lankan
Greek	Black Other	Mauritian
Greek Cypriot	Other Mixed	Polish
Turkish	Indian	I do not wish to declare this information
Other-please state		

**CLASSES / GROUPS / SERVICES**

Have you enrolled for any classes/activities? YES  NO  If yes, please state below.


Are you a member of a regular Group/Club here at the Centre? YES  NO  If yes, please state below.


Do you use any of our Services? YES  NO  If yes, please state below.

E.g. Chiroprapist, Hair Salon, Blood Pressure Checks, Free computer, Lunches, Day Trips?

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How did you hear about the Centre?

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**PAYMENT DETAILS**

**Annual membership - £15.00**

I enclose the sum of £15.00 for my Annual Membership with effect from 1<sup>st</sup> September.

Cash/Cheque/Visa accepted. Please make cheques payable to **Ruth Winston Centre**

**Please read the following information carefully**

Please note: Annual Membership will run for twelve months from 1<sup>st</sup> September and expires on 31<sup>st</sup> August. You will be issued with a membership card and given door entry codes. The back of your card reminds you of the front door entry code (FDC) and the back door entry code (BDC).

Only members will be able to enrol and participate in classes, activities and use the services offered at the Centre.

Carry your membership card with you at all times when you visit the Centre as you will be asked for your membership number to book appointments and classes.

**Data Protection Act:** By submitting your personal data, you are giving your consent for the processing of the data for the stated purposes below. Ruth Winston Centre has a duty to protect personal information and will process personal data in accordance with the Data Protection Act 1998 and any amendments to the Act. The personal data you provide on this form will only be used for the purpose of administering your application for a service and related purposes including informing you of our various services and activities.

*As a registered charity Ruth Winston Centre can collect gift aid on donations and subscriptions made by you, providing you pay income tax. If you agree to the Ruth Winston Centre recovering gift aid from the tax office please sign below.*

**Gift Aid Declaration:** I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the Ruth Winston Centre will reclaim 25p on every £1 that I give. Please treat as Gift Aid donation, all qualifying gifts of money or donations made.

**Please select a box**

On this donation only  in the past 4 years  in the future  I am not a UK taxpayer

***Your Signature..... Date.....***

***Office Use Only***

<b>Method of payment:</b> Cash / Cheque / Visa	<b>Collected by:</b>
<b>Receipt Number:</b>	<b>Receipt Date:</b>
<b>Date Membership Card issued:</b>	<b>Membership No:</b>
<b>Additional Notes:</b>	