

# Ruth Winston Centre Annual Membership Application 2017-2018

Membership Number:



## PERSONAL DETAILS

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

**In the event of an emergency who should we contact? Please tell us if any of these details or your GP changes**

Name: 1. 2.	Relationship: 1. 2.
Telephone No. (Home) 1. 2.	Mobile No: 1. 2.
The name of your GP Surgery: (Only to be used in an emergency)	
Surgery Telephone Number:	

*Are you a Volunteer Carer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you carry a Carers Emergency Card?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**\*We will share your name and contact telephone number with Enfield Carers Centre, 137 – 143 Baker Street, Enfield, EN1 3JL to offer you advice and support. Please tick this box if you wish to opt out**

### The Equality Act 2010

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 to any please tick below

A. Hearing Impairment	
B. Visual Impairment	
C. Learning difficulty	
D. Mental Illness	
E. Mobility Issues	
F. Other Disability or Illness - please state	

### Equal Opportunities Monitoring

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

A. English		K. Turkish Cypriot		T. Pakistani	
B. Welsh		L. Spanish		U. Bangladeshi	
C. Irish		M. French		V. Other Asian	
D. Scottish		N. White & Black Caribbean		W. Japanese	
E. Northern Irish		O. White & Black African		X. Indian	
F. White British		P. Black Caribbean		Y. Chinese	
G. British Other		Q. Black Other		Z. Sri Lankan	
H. Greek		R. Other Mixed		A1. Mauritian	
I. Greek Cypriot		S. Polish			
J. Turkish		A2. I do not wish to declare this information			
A3. Other-please state					

**CLASSES / GROUPS / SERVICES**

Have you enrolled for any classes/activities/Groups or Clubs?

YES  Please state below NO  Please tell us what you are interested in.


Do you use any of our Services? YES  Please tell us which ones? NO  .

E.g. Chiroprapist, IAPT, Massage and Therapies, Hair Salon, Blood Pressure Checks, Free computer, Lunches, Day Trips, Bereavement Support, Community Trips?

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How did you hear about the Centre?

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**PAYMENT DETAILS**

**Annual membership £17.00** I enclose the sum of £17.00 for my Annual Membership with effect from 1<sup>st</sup> September. *Cash/Cheque/Credit or Debit card accepted. Please make cheques payable to **Ruth Winston Centre***

**Please read the following information carefully** 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.**

The Ruth Winston Centre Management reserves the right to terminate your membership at any time.

**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.

**Only complete this section if you wish to Gift Aid your Membership Subscription**

**Charity Gift Aid Declaration - Membership Subscriptions**

As a registered charity The Ruth Winston Centre can claim Gift Aid on your Membership Subscription fee providing you are a UK taxpayer. For every £1 of your Membership Subscription fee 25p can be claimed from the tax you pay for the current tax year.

To Gift Aid your Membership Subscription please tick the appropriate boxes below:

<b>On this Subscription only</b> <input type="checkbox"/>	<b>Subscriptions paid in the future</b> <input type="checkbox"/>	<b>My Subscription fee for the current year is: £</b>	<b>I confirm that I am a UK taxpayer</b> <input type="checkbox"/>
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I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax. I understand that VAT and Council Tax do not qualify. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on my Subscription in that tax year it is my responsibility to pay any difference.

**Please notify The Ruth Winston Centre 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.

**Photographs**

At the Ruth Winston Centre we often take photos at events or classes for publicity or other purposes. Please tick this box if you **do not want** us to use your image

**Signed:** ..... **Date:** .....

**Office Use Only**

<b>Method of payment:</b>	<b>Cash / Cheque / Credit-Debit Card</b>	<b>Collected by:</b>	
<b>Receipt Number:</b>		<b>Receipt Date:</b>	<b>Card issued date:</b>
<b>Uploaded onto Database date:</b>		<b>Additional Notes:</b>	