

**Memorial Institute, North Street, Rotherfield, East Sussex, TN6 3LX , 01892 853021**

**Registered Charity No. 1168555**

Basic Information

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| --- | --- |
| **Title, Name and Address**  | **Emergency Contact Details****Name****Relationship****Number** |
| **Home Phone Number** | **Date of Birth** |
| **Mobile Phone Number** | **GP Name and Surgery** |
| **E-mail Address** |
| **Do you have any food allergies, current medical conditions or mobility concerns we should know about?** |

**Do we have permission for the following?**

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| --- | --- |
| **For RSM to send me or notify me of the following either by phone, post or e-mail.****Newsletters Yes/No****Details of events (including fundraising),** **activities and services Yes/No**  | **Photos****For any photos taken by RSM to be used for publicity including social media/newspapers and marketing materials. Yes/No**  |
| **We want you to feel connected to our community therefore we offer companions who can visit you at home or you could become one of our volunteers. If you are interested, please circle which and we will contact you: - Companion Volunteer** |
| **Signature** | **Date** |

**Privacy Notice:** At Rotherfield St Martin we take your privacy seriously and will only use your personal information to provide the services you have requested from us and to enable us to support your welfare. Our record keeping systems including storing and information sharing, meet legal requirements within the framework of the Data Protection Act 2018 (GDPR). Our lawful basis and purpose for processing is ‘consent’ and ‘vital interests’. Our Data Protection Officer is Vicky Cheeseman. All information on this form is kept in the strictest of confidence and is stored in a lockable filing cabinet and on a secure password protected database. The information will be accessed by RSM staff and volunteers for the purpose of supporting and communicating with you but may be disclosed to appropriate bodies/organisations who can offer further support. We will store your data for the length of your membership.

**PAYMENT -** Your membership gives you access to all RSM clubs, activities, outings, volunteer driver scheme for medical appointments, dementia support, therapists and exercise and hydrotherapy classes. Please speak to us for separate costs of these activities.

**Annual subscription £30 (If you wish to pay in quarterly instalments please contact the office)**

I enclose cash/cheque (made payable to Rotherfield St Martin) of £30

I will make payment via bank transfer:  I wish to include a donation of £

Natwest Bank Sort Code: 60 06 27 Acc No: 33645590 - Please use your surname as a reference.

**Would you like to Gift Aid your Membership fee/donation?**

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is used to identify you as a current UK taxpayer. This will boost your donation by 25p of gift aid for every £1 you donate

In order to Gift Aid your membership fee/donation you must tick the box below and sign the declaration.

 I want to Gift Aid my donation of £ and any donations I make in the future or I have made in the last 4 years to **Rotherfield St Martin**

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. **I confirm my details as overleaf**.

Please notify us if you wish to; cancel this declaration; change your details; no longer pay sufficient tax on income and or capital gains.

**Signature**………………………………………………………………… **Date…**…………………………….