**Membership Application Form**

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| Title, Name and Address:  | Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How did you hear about RSM? |
| Home Phone Number: | **Emergency Contact Details**Name:Relationship: |
| Mobile Phone Number: | Address: |
| GP Name and Surgery: | Phone:Do they Hold Power of Attorney for you? **Y N** |
| **So, we can fully support you when you attend a club or activity, do you have any of the following.** Food allergies: **YES / NO** Mobility concerns: **YES / NO**Foods to avoid: Mobility Aids: Medical conditions including dementia **YES / NO** Are you a Blue Badge Holder? **YES / NO**Medical condition details: |
| Would you like more details about our companions who can visit you at home. **YES / NO**Would you like to become one of our volunteers? **YES / NO** |
| **Do we have permission for the following?****RSM may send me:**Newsletters **POST / EMAIL** Details of events (including fundraising), activities and services **POST / EMAIL / BOTH** **Photos**Photos taken by RSM to be used for publicity including social media/newspapers and marketing materials. **YES/NO**  |
| **Signature** | **Date** |

**PAYMENT OPTIONS**

**Annual subscription £35 (Renewable September 2024)**

I enclose cash/cheque (payable to Rotherfield St Martin)

I will make payment via bank transfer:

I will contact the office to make a card payment

I would like to make a one-off donation of £

I would like to make a regular monthly donation via Standing Order of £

**Virgin Money Bank, Account No: 40580970 Sort Code: 82 11 07**

(Please use your surname as reference) - THANK YOU

**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.

To Gift Aid your membership fee/donation please 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…**…………………………….

**I would like details of how to leave a gift in my will to RSM**

**Do you know someone who like to support us financially?**

**(If ticked we will contact you directly)**

**Privacy Notice:** 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.