

Membership Application

Please use this membership form if the other alternative membership options are not relevant to your circumstances.

*Required

1. Email *

2. Full Name *

3. Full Address (including postcode) *

4. Home Telephone Number

5. Mobile Telephone Number

6. Gender *

Mark only one oval.

- Male
- Female
- Prefer not to say
- Other: _____

7. Date of Birth *

Example: 7 January 2019

8. Membership Status *

Mark only one oval.

- New Member
- Existing Member

9. DSNE Membership Number

If you are an existing DSNE member, and you know your membership number, please enter it here.

Skip to question 10

Consent

10. Do you give consent to DSNE to send you: *

Mark only one oval per row.

	Yes	No
Newsletters	<input type="radio"/>	<input type="radio"/>
Event Information	<input type="radio"/>	<input type="radio"/>
Promotional Information	<input type="radio"/>	<input type="radio"/>

11. Do you give consent to DSNE to contact you via: *

Mark only one oval per row.

	Yes	No
Phone	<input type="radio"/>	<input type="radio"/>
SMS	<input type="radio"/>	<input type="radio"/>
Email	<input type="radio"/>	<input type="radio"/>

12. Do you give consent to DSNE to use photographs that may capture you or your child / adult's participation in organised events through our: *

Mark only one oval per row.

	Yes	No
Newsletters	<input type="radio"/>	<input type="radio"/>
Promotional Material	<input type="radio"/>	<input type="radio"/>
Social Media	<input type="radio"/>	<input type="radio"/>
Website	<input type="radio"/>	<input type="radio"/>

If you wish to opt-in or out of any of the above once your membership form has been submitted, please email membership@dsne.org.uk

Membership Donation

2 Year membership -- suggested minimum donation of £20

Please consider using a standing order or bank transfer for membership payments, using the following account details

HSBC Account Number: 91110810
Sort Code: 40-43-24
Payment Reference: Membership

13. In order for us to locate your membership payment, please advise which option you intend to use to make your membership donation *

Mark only one oval.

- Bank Transfer
- Standing Order
- Cheque
- Cash
- Other: _____

Boost your membership donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

14. Would you like to Gift Aid your membership donation to Down's Syndrome North East (Registered Charity no. 1096003)?

Mark only one oval.

- Yes *Skip to question 15*
- No

Gift Aid

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

15. Donation amount *

Please enter the amount you will be making as a membership donation in order to allow us to claim the Gift Aid.

16. Full Name *

17. Full Home Address *

18. Postcode *

19. Date *

Example: 7 January 2019

Please notify the charity 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

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

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