

MEMBER DETAILS

Membership Application Form

Please complete this membership form in BLOCK CAPITALS and as fully as possible

Title (e.g. Mr. Mrs. Ms. etc.)	First Name	Surname											
Address				Postcode									
Email(s)				Date of Birth									
Home Telephone		Mobile											
Where did you first hear about Promise Inclusion? (please circle)													
Council Referral	Member Recommendation	Website	Social Media										
Event	Other (please state)												
What are your main reasons for joining Promise Inclusion? (please circle all that apply)													
Carers Groups/Events	Information, advice and support	Clubs											
Other (please state)													
<p>Promise Inclusion take data privacy very seriously. We undertake to store your data securely. We will not sell or pass on your personal details to other third party organisations or charities for them to use for their own marketing purposes. If your details change or you would like to update your communication preferences please contact admin@wokinghammencap.org or write to us at The Court House, Broadway, Town Square, Bracknell RG12 1AE.</p> <p>Communication preferences (please circle all that apply):</p> <p>I am happy to receive:</p> <table> <tr> <td>Newsletter and Mailings</td> <td>Information about events and workshops</td> <td>Information about volunteering/fundraising</td> <td>Information about campaigns and consultations</td> <td>Information about support</td> </tr> </table> <p>I am happy to be contacted via (please circle all that apply):</p> <table> <tr> <td>Email</td> <td>Telephone</td> <td>Text</td> <td>Post</td> </tr> </table>					Newsletter and Mailings	Information about events and workshops	Information about volunteering/fundraising	Information about campaigns and consultations	Information about support	Email	Telephone	Text	Post
Newsletter and Mailings	Information about events and workshops	Information about volunteering/fundraising	Information about campaigns and consultations	Information about support									
Email	Telephone	Text	Post										
To raise awareness of learning disability and promote the work of Promise Inclusion, we need to take photographs of our activities and services. During the activity/session/event Authorised Personnel may take photographs to be used for promotional purposes. These may be used in our newsletter, in a leaflet or poster, on a display board, on our website, social media or in the local press. Please circle the appropriate answer to indicate whether you give permission for photographs to be taken & used to support Promise Inclusion's work.		Yes, I give permission for photographs to be taken and used for promotion including on the charity's website and social media	No, I do not give permission for photographs to be taken and used for promotion										

Delivering on the promise that all people matter

Promise Inclusion is committed to ensuring that its services are accessible to everyone. The information you give on this form will help us comply with our policy of ensuring equality in our services to you.

As this information is personal completion of this section of the membership application form is optional.

You do not have to complete this section but it will help us improve our services if you can complete as much as possible. All information Promise Inclusion collects will be treated confidentially in accordance with the General Data Protection Regulation (GDPR).

Gender	Male	Female	Transgender	Other	Prefer not to say		
What is your ethnicity? (please circle your reply)							
White	British	Irish	European	Gypsy/Traveller	Other		
Mixed	White & Black Caribbean	White & Black African	White & Asian	Other			
Black or Black British	Caribbean	African	Other				
Asian or Asian British	Indian	Pakistani	Bangladeshi	Chinese	Japanese	Nepalese	Other
Other	Arab	Other	Prefer not to say				
Are you a disabled person? (please circle your reply)			Yes	No	Prefer not to say		
If you are a disabled person, please tell us which of the following impairment groups apply to you. You may circle more than one option.							
Visual Impairment	Physical Impairment	Deaf/British Sign Language User	Hearing Impairment				
Mental health/mental distress issues	Learning Difficulties	Neurodiverse	Long term health condition/hidden impairment				
Other (please state)							
Access needs: (you may circle more than one option)							
Step-free access	Wheelchair Accessible	Blue Badge Parking					
English as second language	Help completing form	Other (please state)					

Delivering on the promise that all people matter

Title (e.g. Mr. Mrs. Ms. etc.)	First Name	Surname			
Address				Postcode	
Email(s)				Date of Birth	
Home Telephone			Mobile		
Emergency Contact:	Name	Contact Number			
Gender (please circle)	Male	Female	Transgender	Other	Prefer not to say
Diagnosis/Nature of Disability					
Do they have a physical disability? (please circle)	Yes (please provide details)				No
Access needs: (you may circle more than one option)					
Step-free access	Wheelchair Accessible		Blue Badge Parking		
English as second language	Help completing form		Other (please state)		
To raise awareness of learning disability and promote the work of Promise Inclusion, we need to take photographs of our activities and services. During the activity/session/event Authorised Personnel may take photographs to be used for promotional purposes. These may be used in our newsletter, in a leaflet or poster, on a display board, on our website, social media or in the local press. Please circle the appropriate answer to indicate whether you give permission for photographs to be taken & used to support Promise Inclusion's work.			Yes, I give permission for photographs to be taken and used for promotion including on the charity's website and social media		No, I do not give permission for photographs to be taken and used for promotion

PAYMENT

Annual Membership of Promise Inclusion is £20.00

Payment is due upon joining and thereafter annually on the 1st January.

Payment can be made by cash, by cheque made payable to Promise Inclusion Limited or directly into our bank account (details below)

BANK DETAILS

Name of Account: Promise Inclusion Limited

Account Number: 03839646

Sort Code: 30-91-11

I have paid by initial membership fee by:
(please circle your reply)

Cash
(enclosed)

Cheque
(enclosed)

Bank Transfer
(date) _____

Delivering on the promise that all people matter

Boost your 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.

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation of £ _____ and any donations I make in the future or have made in the past 4 years to:

Name of Charity _____

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.

My Details:

Title (e.g. Mr. Mrs. Ms. etc.)	First Name	Surname
Address		
Postcode		

Signature: _____

Date: _____

Please notify Promise Inclusion if you:

1. Want to cancel this declaration
2. Change your name or home address
3. 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.

Delivering on the promise that all people matter