

**Central Lancashire ME/CFS Support Group Membership Form
2018/2019 (1st Jun–31st May)- remainder of year now £11**

(*PLEASE NOTE THIS IS A 2 PAGE FORM*)

Today's Date: _____ IF NEW MEMBER - How did you hear about group?

Date of Birth: _____ / _____

Title: _____ Name: _____

Current Address: _____

Town: _____ Post Code: _____

Phone: _____ Mobile: _____

<p>** Giving us your signature for us to hold your email/mobile number means you Opt-In / give permission for us to use and securely store it (as per Data Protection regulations) You can contact us at any time to remove your data.</p>	<p>Email: _____ Signature: _____</p>
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Would you prefer to receive Phoenix newsletter by email? **Yes / No**

FRIEND / FAMILY / CARER'S INFORMATION

Name: _____ Phone: _____

Name: _____ Phone: _____

PAYMENT

I have paid £15 OR other amount of (including a donation) £

Cheques payable to: Central Lancashire ME/CFS Support Group
Send to: Mrs K Grannell
91 Dalehead Rd, Leyland PR25 3BW

Internet Banking: Sort Code 309685 Account 03309668

For reference box please put initial and surname plus 'new' or 'renew' or 'don'(donation)

GIFT AID DECLARATION

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each year (6 April to 5 April) that is at least equal to the amount of tax that ALL charities I donate to will reclaim on my gifts for that year.

This will be kept for 7 years as per Data Protection and Accounting regulations.

GIFT AID Signature/Date: _____

Would you like us to receive Gift Aid on this donation?

On past donations?

On future donations?

**PLEASE NOTIFY us IF you no longer pay enough tax, your details change, or you want to cancel this declaration. Thank you.

OFFICE DETAILS

Howick House, Howick Park Ave, Penwortham PR1 0LS	Charity no. 1106333 Telephone: 01772 751 254 Email: info@clancsme.org.uk Website: www.clancsme.org.uk	Aug18-Jan19 - 6 month funding by Awards For All Big Lottery
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Facebook: Page (Central Lancs ME/CFS support group)
Closed Group (ME/CFS Support Group Lancs) P.T.O.

Potential Funders require us to collect the following Equality & Diversity information:	*Please circle as appropriate
<i>What is your Gender?</i>	*Male /Female /Transgender /Prefer not to say
<i>What is your Age range?</i>	Under 18 /18-24 /25-34 /35-44 /45-54 / 55-64 /Over 65 /Prefer not to say
<i>What is your Ethnic background?</i>	<p>*White English /Scottish /Welsh /Northern Irish Irish Gypsy or Irish Traveller Any other White background</p> <p>*Mixed/Multiple ethnic background</p> <p>*Asian/Asian UK Indian / Pakistani / Bangladeshi / Chinese Any other Asian background</p> <p>*Black/African/Caribbean/Black UK African Caribbean Any other background</p> <p>*Other ethnic group Arab / Any other ethnic group</p> <p>Prefer not to say</p>
<i>What is your Sexual Orientation?</i>	*Straight (Heterosexual) /Gay (Man) /Lesbian (Woman) /Bisexual/ Prefer not to say
<i>What is your Religion or Belief?</i>	*No Religion or Belief Christian / Buddhist / Hindu/ Jewish / Muslim / Sikh / Other Religion or Belief Prefer not to say
<i>Do you consider yourself to be Disabled?</i>	*Yes /No /Prefer not to say