

## MERTON MENCAP – ANNUAL MEMBERSHIP FORM

April 1<sup>st</sup> 2011 – 31<sup>st</sup> March 2012

- To join Merton Mencap there is no set fee, just give what you can afford
- Your donation will cover all members of your immediate family
- If you have a learning disability and do not live with your family, your membership is free. Please fill in this form but do not give us a donation

Last name (family name) :

First names of all family members wishing to join :

Address :

Postcode :

Telephone No :

Email address :

If you or anyone in your family has a disability or special need please provide their name and date of birth:

My membership donation is: £



Gift Aid means that, for every pound you give, we get an extra 25 pence from the Inland Revenue helping your money to go further. To Gift Aid your donation, complete the details below.

**Full name of tax payer making the donation:**

**I would like my donation of £** \_\_\_\_\_ **for Merton Mencap be treated as a**  
**Gift Aid donation**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please note – you must pay an amount of income tax and/or capital gains tax for each year at least equal to the amount of tax we will reclaim on your donation for that tax year.*

### **Ethnic origin**

*Please indicate the ethnic origin of each family member by indicating all that apply, below:*

#### **WHITE**

- a) British
- b) Irish
- c) any other white

#### **MIXED**

- d) white & black Caribbean
- e) white & black African
- f) white & Asian
- g) any other mixed background

#### **ASIAN OR ASIAN BRITISH**

- h) Indian
- i) Pakistani
- j) Bangladeshi
- k) Tamil
- l) any other Asian background

#### **BLACK OR BLACK BRITISH**

- m) Caribbean
- n) African
- o) any other black background

#### **CHINESE OR OTHER ETHNIC GROUP**

- p) Chinese
- q) any other

### **Statement of Membership of the Limited Company, Merton Mencap**

*(Required under the Company's Memorandum and Articles of Association)*

- ☐ I agree to be a member of Merton Mencap
- ☐ I undertake to contribute an amount not exceeding £1 to the assets of Merton Mencap should it be wound up while I am member or within 1 year of me ceasing to be a member
- ☐ I declare my support for and sympathy with the objects of Merton Mencap as set out in its Memorandum (if you need a copy, please contact the office)

**Name (CAPITALS):**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Thank you.**

*Merton Mencap. Registered Office The Wilson Hospital, Cranmer Road, Mitcham, Surrey, CR4 4TP  
Company Limited by Guarantee No. 5692213, registered in England and Wales. Registered Charity Number 111344*