

APPLICATION FOR NEW MEMBER

I hereby apply for membership of this Association subject to the Executive Committee approval and acceptance. The full yearly membership is from 1st January to 31st December of each year.

PLEASE COMPLETE IN BLOCK CAPITALS

Title: Mr / Mrs / Ms / Miss / Other _____

Forename/s _____ Surname _____

Full Address _____

Post code _____ Telephone number _____

EMAIL: _____

Date of Birth: ____ / ____ / ____ Please provide proof of identity & address.

Are you deemed a Vulnerable Person (under the Care Act 2014) and must be accompanied by an appropriate person (a carer). (Please Inform NMDCA if your status changes.) Yes / No

In case of emergency – Telephone number _____

& speak to friend/relation name _____

Please provide where you first heard about us? (Tick only one)

Friend [] Member [] Notice Board [] Focus []
Website [] Newsletter [] Publicity-leaflet [] Events []

Which main activity at the Centre, are you interested in joining? _____

GIFT AID

I confirm that all donations I have made to the New Milton and District Community Association since 6th April 2000 and all donations I make thereafter until I notify you otherwise shall be treated as Gift Aid Donations. I understand that any Tax reclaimed must be covered by Income Tax or Capital Gains Tax paid by me. If at anytime in future Tax years I am not liable to Income Tax or Capital Gains Tax I will advise the Association accordingly. It will not affect my tax return form.

I **DO / DO NOT** (delete as appropriate) want any donations treated as Gift Aid

Signature _____ Date ____ / ____ / ____

Full membership joining fee (one-off) £ 2.50 [] New Membership No. _____

Membership Fee (Jan-Mar, for full year) £ 8.00 []

Membership Fee (Apr-Jun, for ¾ year) £ 6.00 []

Membership Fee (Jul-Sep, for ½ year) £ 4.00 []

Membership Fee (Oct-Dec, for ¼ year) £ 2.00 []

Annual Car Parking Pass £ 1.00 []

Car Pass Holder £ 0.50 []

Temporary Membership Only £ ____ []

(£2.00 per month, Max 3 months)

Total received £ _____ and ending on ____ / ____ / ____

Name of receptionist _____ Date ____ / ____ / ____

The New Milton and District Community Association
The Community Centre, Osborne Road
New Milton, Hampshire BH25 6EA
Telephone number 01425 610495