

**Central Lancashire ME/CFS Support Group Membership Form  
2019/2020 (1st Jun–31st May) - £18  
(\*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 £18 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: <a href="mailto:info@clancsme.org.uk">info@clancsme.org.uk</a> Website: <a href="http://www.clancsme.org.uk">www.clancsme.org.uk</a>	
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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><b>*White</b>  English /Scottish /Welsh /Northern Irish  Irish  Gypsy or Irish Traveller  Any other White background</p> <p><b>*Mixed/Multiple ethnic background</b></p> <p><b>*Asian/Asian UK</b>  Indian / Pakistani / Bangladeshi / Chinese  Any other Asian background</p> <p><b>*Black/African/Caribbean/Black UK</b>  African  Caribbean  Any other background</p> <p><b>*Other ethnic group</b>  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