**CHESTERFIELD & NORTH DERBYSHIRE TINNITUS SUPPORT GROUP**

**Registered Charity 1188354**

**PO Box 833, Chesterfield, S40 9RU**

# SUBSCRIPTION FORM FOR NEW MEMBERS

I wish to join the Chesterfield & North Derbyshire Tinnitus Support Group and enclose my subscription:

1 Year membership of support group £12

Optional additional donation, for which

we are very grateful £\_\_\_\_\_

Total amount enclosed £\_\_\_\_\_ Cash/Cheque (delete as appropriate)

 **Please make cheques payable to Chesterfield Tinnitus Support Group to the above address**

|  |  |
| --- | --- |
| Name Mr/Mrs/Ms/Miss/Other |   |
| Address & Postcode  |   |
| Landline Telephone  |   |
| Mobile  |   |
| Email  |   |

Age group—for monitoring purposes only and given voluntarily:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Age Group | Under 20 | 20-35 | 36-50 | 51-64 | 65-75 | 76 & over |
| Please tick |  |  |  |  |  |  |

## GIFT AID □ I want to GIFT AID the enclosed amount of £\_\_\_\_\_\_\_\_ and any donations I make in the future to Chesterfield & North Derbyshire Tinnitus Support Group.

If I have ticked the Gift Aid box I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donations detailed, given on the date shown. I understand that if I pay less Income Tax or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand that the charity will reclaim 25p of tax on every £1 that I have given. Please notify the charity if you want to change this donation, change your name or address or if you no longer pay sufficient tax.

 **Signed………………………………………………………………….. Date………………………………………………...**

**Please see reverse for important Data Protection information**

## Data Protection

In compliance with the 2018 General Data Protection Regulations, we require your written consent for us to keep your details on our mailing list. This is for the purpose of sending you our Wellbeing Magazine, fundraising information and other information relating to the group that would be relevant or of interest to you.

**However, with your permission, we would like to share your details with our local printer, Copy & Print Centre, Chesterfield a small printing service who print our magazine and other requirements we have. Your permission is required so that they can print address labels for the envelopes in which we send out our magazines to you.**

**This will help us in managing the workload of our small charity.**

**Please tick appropriately**

**I agree for my name to be on the mailing list**

**I agree to allow Copy and Print to have access to the mailing list with my name on**

**PLEASE SIGN AND PRINT YOUR NAME IF YOU AGREE:**

**SIGNATURE……………………………………………………..**

**PLEASE PRINT………………………………………………….**

No official confirmation will be sent out but receipt of our Wellbeing Magazine will be proof of acknowledgement of your subscription.

**Thank you for your support**

For office use only:

|  |  |  |
| --- | --- | --- |
| Date received: | Date updated database: | Signed: |
|  |  |  |

Ref: Docs/Tinnitus/Subscription Forms & Reminder

Subscription Form for New Members & Gift Aid