

Membership Subscription form for Myotonic Dystrophy Support Group

Company Limited by Guarantee 7144171 Charity Number 1134499

Name **(Block Capitals Please)**

Title: _____ First Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Email address:(please print) _____ Tel number: _____

Do you have DM? Yes / No (please circle)

Please note the following:

Company members must be over 18, sign the statement and pay the annual subscription fee. The Annual subscription runs from 1st February 2012 and is currently £15 per household. (They are entitled to reduced annual conference fees, attend and vote at members meetings and receive regular copies of the newsletter). You must agree to pay a maximum of £1 towards the liabilities of the Company in the event of any winding up costs.

Family Member 2: Signature if over 18 _____ Print Name: _____

Age: _____ Do you have DM? Yes / No (please circle)

Family Member 3: Signature if over 18 _____ Print Name: _____

Age: _____ Do you have DM? Yes / No (please circle)

Family Member 4: Signature if over 18 _____ Print Name: _____

Age: _____ Do you have DM? Yes / No (please circle)

Family Member 5: Signature if over 18 _____ Print Name: _____

Age: _____ Do you have DM? Yes / No (please circle)

Payment can be made by the following methods:

Bankers Order to Natwest, Nottingham City branch, Account number 61408948 sort code 60-80-09

Cheque/Postal order payable to Myotonic Dystrophy Support Group, 35a Carlton Hill, Carlton, Nottingham NG4 1BG

You may wish to make an additional donation, in which case it will help the MDSG still further if you are able to complete the Gift Aid Declaration, (provided you are a taxpayer).

Total sent with this application;

Subscription; £15 _____ Donation; £ _____ Total; £ _____

Gift Aid Declaration

Please treat the gift of money that I make today and all future gifts of money as Gift Aid Donations. I declare that I am a UK taxpayer and understand that I must pay UK Income Tax and/or Capital Gains Tax in each tax year at least equal to the amount of tax that the charity will reclaim.

Signed: _____ Date: _____