

Please indicate if you are a new member or you are renewing your membership.

New Member  Renewing Member

**Type of membership** - please pick one

**A: Individual (£15)**

**B: Family (£15)**

(2+ adults at the same address)

Title:  Mr  Mrs  Miss  Ms  
 Other (please specify): \_\_\_\_\_

First Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

If Family membership other family members (i.e. Partner, siblings):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

\*Email: \_\_\_\_\_

\* By giving us your e-mail address you agree to us sending you information about our activities, including our e-bulletin. You are also helping us to reduce our carbon footprint and save money. If you **do not** want the e-bulletin please tick here :

Name of family member with Down's syndrome: \_\_\_\_\_

THEIR Date of Birth: \_\_\_\_\_

Please fill out the following additional information as applies to you and/or your relative. This will help us target relevant information to you.

Your Local Authority: \_\_\_\_\_

Child's Nursery/  
School/College: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

By making an additional donation with your membership, you help us to do more for families. If you would like to do so please indicate amount £ \_\_\_\_\_

### Payment Options

I enclose a cheque for £ \_\_\_\_\_

I have a current standing order already for  
£ \_\_\_\_\_ monthly / yearly (delete as appropriate)

I would like to commence a standing order  
(complete form overleaf)

No fee for families on low income.  
(i.e. In receipt of income support, J.S.A. or Tax Credits)

*giftaid it*

By GiftAiding your payment, we can claim an additional 25% from the government at no cost to you.

I am a UK taxpayer and would like Down's Syndrome Scotland to reclaim tax on this **and all future payments**.

By ticking the box I confirm that I pay income/capital gains tax at least equal to the amount you reclaim on my payments and that I will let you know if this position changes.

I understand that I can cancel this declaration at any time by notifying the charity in writing.

#### How your information will be used

All information will be stored securely in accordance with the Data Protection Act 1998 and will not be passed to any external third parties without your express consent. We are storing your details to send you information from time to time about services and events which may interest you, as well as keeping you updated on the charity's work. We will also send our magazine to the address given.

We may pass your information on to your local branch secretary, if appropriate, so that they can inform you of local branch activities. If you **do not** want your information passed to the branch, please tick here

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

**Down's Syndrome Scotland**  
158-160 Balgreen Road  
Edinburgh  
EH11 3AU



Down's Syndrome Scotland

helping people realise their potential

### BANKER'S ORDER

To: The Manager

Bank name .....

Address .....

.....

.....

Sort code .....

Please pay Down's Syndrome Scotland, Account No 00256764 at

The Royal Bank of Scotland plc, West End Branch, Edinburgh (83.51.00)

the sum of £..... on ..... (date) and on the same day

every month / year\* until ..... / further notice\*.

Please debit my account no.....

**This cancels any existing orders in favour of Down's Syndrome Scotland.**

Name .....

Address .....

.....

.....

Signature ..... Date .....

\* Delete as applicable