

Membership Form 2020



If you would like to join our club, whether to benefit from our facilities and activities or just to offer your support, please complete the membership form below. Membership is open to anyone. Membership renewals are due on the 31st January each year. Please note any personal information will be held on file for three years and stored in accordance with GDPR regulations and will not be shared with any 3rd parties.

Please return this form along with the annual subscription of £25.00 to **Local Mencap Barnsley, Compass House, Castlereagh Street, Barnsley, South Yorkshire S70 1BA.**

Your Details

Mr Mrs Miss Ms Dr Other

First name(s)

Last name

Address

Date of birth

Phone number

Email address

Please tick this box if you would like to receive your newsletter by email

Emergency Contact Name and Number

Does the person named above have a learning disability? Yes No

What would you like from your Local Mencap Barnsley membership?

Your Support for Local Mencap Barnsley

I would like to become a member £25

I would like to include a donation with my membership £5 £10 £20 Other £ _____

Payment Method

I will bring cash into the Local Mencap Barnsley office

I enclose a cheque made payable to **Local Mencap Barnsley**

I have made a BACS payment to **Local Mencap Barnsley**

** Please include your name as a payment reference

Our Bank Details:

Bank: **Yorkshire Bank**
Sort Code: **05 02 30**,
Account Number: **49132455**



Getting Involved

I would like to find out more about other ways I can support Local Mencap Barnsley. I am interested in:

Befriending Mentoring Fundraising Being a Trustee

Volunteering Activities Office Admin Supporting other Families

Gift Aid *giftaid it*

** Gift Aid Declaration (If you are **not a UK Taxpayer** please ignore this section)

If you are a UK taxpayer you can Gift Aid your membership payment/donations so we can claim the tax back on them. Local Mencap Barnsley will get an extra 25p for every £1 donated, at no cost to you. You can even Gift Aid payments/donations that you made in the past.

To qualify for gift aid you must pay an amount of Income Tax and/or Capital Gains Tax that is at least equal to the amount that charities will reclaim on your donations in that year. Other taxes such as VAT and Council Tax do not qualify. Please tick all relevant boxes.

I confirm that I am a UK Tax Payer and I would like to Gift Aid:

This payment/donation All payments/donations Future payments/donations
made in the last 4 years

Sign

Date

Consent form for photography/filming

I consent to Local Mencap Barnsley using photographs and/or video recordings including images of me both internally and externally to promote the Club.

These images could be used in print and digital media formats including print publications, websites, e-marketing, posters banners, advertising, film, social media, teaching and research purposes.

I understand that images on websites can be viewed throughout the world and not just in the United Kingdom and that some overseas countries may not provide the same level of protection to the rights of individuals as EU/UK legislation provides.

I understand that some images or recordings may be kept permanently once they are published and be kept as an archive of Club life.

I have read and understand the conditions and consent to my images being used as described.

Print name

Sign

Date

Local Mencap Barnsley is committed to processing information in accordance with the General Data Protection Regulation (GDPR). The personal data collected on this form will be held securely and will only be used for administrative purposes.

Your rights

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required. You can ask the Club to stop using your images at any time, in which case it will not be used in future publications but may continue to appear in publications already in circulation.

You have the right to lodge a complaint against the Club regarding data protection issues with the Information Commissioner's Office (localmencapbarnsley@gmail.com).



Our Vision

To ensure people with a learning disability are listened to, understood and included as equal citizens with access to support and opportunities that empowers them to lead fulfilled lives.

Emergency Contact Details



YOUR NAME	DATE OF BIRTH
HOME ADDRESS	
HOME TEL. NO.	

NEXT OF KIN A	NAME OF YOUR NEXT OF KIN	
	ADDRESS OF YOUR NEXT OF KIN	
	DAYTIME TEL. NO. OF YOUR NEXT OF KIN	RELATIONSHIP

NEXT OF KIN B	NAME OF YOUR NEXT OF KIN	
	ADDRESS OF YOUR NEXT OF KIN	
	DAYTIME TEL. NO. OF YOUR NEXT OF KIN	RELATIONSHIP

Please state any medical details which we should be aware of in the event of an emergency, eg. diabetes, epilepsy.

This information will be treated as confidential.

Please update the office with any changes as soon as possible.

Registered Charity
Number 1176028.
Company Number
1068048

Local Mencap Barnsley
Compass House,
Castlereagh Street,
Barnsley, S70 1BA

01226 779919

localmencapbarnsley@gmail.com
www.localmencapbarnsley.org.uk

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