

Rescare

MEMBERSHIP APPLICATION FORM

Individual Membership	£10 per year
Family Membership	£15 per year
Affiliated Membership	£20 per year
Overseas Membership	£20 per year

Name:

Address:

.....

.....

Post Code:

Telephone No.:

Email Address:

Membership: Individual Family Affiliated Overseas

Amount: £

Signature:

Date:

Gift Aid Declaration Form

Please tick box if you are a Tax Payer this would enable the Society to reclaim tax on subscriptions/donations now and in the future. No further action is required on your part. Thanking You.

Please print off and complete this form, and send it by post with cheque/postal order payable to RESCARE for appropriate fee to:

RESCARE
Steven Jackson House
31 Buxton Road
Heaviley
Stockport
Cheshire
SK2 6LS