

Rescare

MEMBERSHIP APPLICATION FORM

Individual Membership	£15 per year
Family Membership	£20 per year
Affiliated Membership	£30 per year
Overseas Membership	£20 per year

Name:

Address:

.....

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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 a cheque made payable to Rescare for appropriate fee, to: Rescare, 19, Buxton Road, Stockport, Cheshire, SK2 6LS

If you would prefer to make your payment by BACS transfer, please contact our office by phone (0161 4747323) or email (office@rescare.org.uk).