 MEMBERSHIP APPLICATION FORM

Membership: £20 per year □

Name: ………………………………………………………………………………………

Address: ………………………………………………………………………………….. …………………………………………………………………………………………………

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……………………………………………………………………..………………………….

Post Code: ………………………………

Telephone: ……………………………………………………

Mobile: ………………………………………………………….

Email: ……………………………………………………………………………………….

*Membership entitles the main holder to nominate up to five others (e.g. family members) to share the benefits of membership. Please supply details here (optional).*

*If applying on behalf of an organisation, charity or group, please supply details (e.g. names of officers and roles, description of activities, charitable purpose etc.)*

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Gift Aid Declaration

Please tick this box if you are a Tax Payer □

This will enable Rescare to reclaim tax on subscriptions/donations now and in the future.

No further action is required on your part.

Signature: ………………………………………………………..….. Date: ………………………….

Please either sign and send this form, together with a cheque payable to Rescare, to: Rescare, 19 Buxton Road, Stockport, SK2 6LS

Or make an online/BACS payment to: Rescare. Sort Code 01-08-38, Acc. No. 54658896 with a payment description ‘Membership’, and send us your details by post (this form) or email to office@rescare.org.uk