



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