

DOWN SYNDROME EXTRA 21

Registered Charity No. 1094957

Membership Form

Name _____

Address _____

Postcode _____

Tel. No. _____ Email address _____

I/We would like to apply for membership to Down Syndrome Extra 21

- I/we am/are applying for full membership (*applicable to a person with Down syndrome or parents/carers of a child/adult with Down syndrome*)

Name of person with Down syndrome _____

Date of Birth _____

- I am applying for associate membership (*applicable to relatives, friends, professionals or representatives of organisations*)

*** Membership is free for the first year. After that, the annual subscription payable is £5. If you can, please pay by standing order (form enclosed). Otherwise cheques will be acceptable.**

- Please tick here if you would like to make an additional donation (Amount £____)

Gift Aid declaration (UK taxpayers)

If you are a **UK taxpayer**, you can use Gift Aid to make your subscription tax-efficient. Please sign the following *Gift Aid* declaration so that we can reclaim the tax on your subscription/donation.

I wish to make a donation to Down Syndrome Extra 21 under the Gift Aid scheme. I would like this declaration to apply to this membership subscription and all future donations. I am a UK tax payer and will advise Down Syndrome Extra 21 if this situation changes. I understand that the amount I pay in income tax or capital gains tax must at least equal the amount Down Syndrome Extra 21 reclaims in that tax year.

Signed: _____

Date: _____

For couples joining: if only one partner is a UK taxpayer, the taxpaying partner should pay the subscription and complete the Gift Aid declaration.

Please return this form to: Deidre Clement, Secretary, Down Syndrome extra 21, "Birch Coppice", Stondon Road, Marden Ash, Ongar, Essex CM5 9BU.