

KASBAH Membership Update Form 2016 – 2017

Please note that there is a voluntary membership fee of \*£6.00 - **any contribution** that you can afford is appreciated, cheques to be made payable to KASBAH

Please complete this form and return to the KASBAH office or hand to a member of staff.

Member name.....

Contact/parent/carer name (if different).....

Address.....

..... Post Code.....

Phone No(s):-..... Mobile No .....

Are you willing to receive KASBAH correspondence by email? Yes / No

Email address.....

Do you/your child have any of the following (please circle):  
Hydrocephalus / Spina Bifida / Spina Bifida & Hydrocephalus /  
Spina Bifida Occulta / Learning disability

Other condition(s).....

Living Status: .....  
(i.e. With parents/independently/residential)

Date of Birth of person with condition(s): .....

Parents Names (If applicable): Mother:.....Father:.....

Wheelchair User: Permanently / occasionally / No

**I give consent for KASBAH to hold a record of my/and/or my child's personal details on the KASBAH membership database and paper files.**

**All information will be held indefinitely or until such a time deemed appropriate, or it is requested by the member/carer to destroy the file(s). Please note, in compliance with the Data Protection Act 1998, no such details would be released to any third party.**

Signed.....Date.....

**\*Please complete the reverse Gift Aid information if you currently pay income tax.**

**Please be aware that in the unlikely event that KASBAH becomes insolvent, each member is liable up to a maximum of £10.00.**

# Gift Aid declaration

Name of charity : KASBAH

## Please treat

- The enclosed gift of £ ----- as a Gift Aid donation; **OR**
- All gifts of money that I make today and in the future as Gift Aid donations; **OR**
- All gifts of money that I have made in the past 4 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

*Please tick the appropriate box*

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the charity or Community Amateur Sports Club will reclaim on your gifts for that tax year.

## Donor's details

Title ----- Initial(s) ----- Surname -----

Home address -----  
-----

Postcode ----- Date -----

Signature -----

### Please notify the charity if you:

Want to cancel this declaration

Change your name or home address

No longer pay sufficient tax on your income and/or capital gains.

### Tax claimed by the charity or CASC

- The charity or CASC will reclaim 28p of tax on every £1 you gave up to 5 April 2008.
- The charity or CASC will reclaim 25p of tax on every £1 you give on or after 6 April 2008.
- The Government will pay to the charity or CASC an additional 3p on every £1 you give between 6 April 2008 and 5 April 2011. This transitional relief for the charity or CASC does not affect your personal tax position.

If you pay Income Tax at the higher rate, **you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.**

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Registered Charity number: 11223362