



Name: _____ Name required for membership badge: _____

Address: _____

Post Code: _____ Date of birth: ___/___/___ Email Address: _____
(Optional) DD/MM/YYYY

Telephone number (Home): _____ Mobile: _____

I give permission for Foggys to use photographs and videos of me, to use on Foggys website and in promotional publications that Foggys produce.

New member: (£5.00 joining fee, £5.00 membership) - Membership £10.00

Renewing Member: £5.00
£5.00 RENEWABLE ANNUALLY IN APRIL

Cheques to be made payable to Foggys, please bring along to our next meeting or post to:
69 Queen Elizabeth Drive, Taw Hill, Swindon SN25 1WR (CORRESPONDENCE ADDRESS ONLY)

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At no extra cost to you, increase your gift by 25p for every £1 you donate using Gift Aid.

Declaration

Please tick as appropriate:

Yes, I am a UK taxpayer and would like Foggys to reclaim tax on the donation I have made in the last four years and any future gifts I make. I have read the information below regarding Gift Aid eligibility.

Sorry, I don't pay tax.

Signature: _____

Can I Gift Aid my own donations?

If you pay UK Income Tax (this includes tax on your savings and pension) or Capital Gains Tax and this is at least equal to the amount Foggys, and any other charity/Community Amateur Sports Club you donate to will reclaim on your donations (25p for every £1 donated) in the tax year (6th April – 5th April), then you can gift aid your donations. (Council tax and VAT don't count). Please note that collections' donations made via an individual cannot be gift aided (e.g. Birthday collection).

What do I need to do?

Tick the box above and Foggys will claim the money from the Government. We also need you to keep us updated if you move house, change your name or are no longer paying enough tax to cover your donations. You can also cancel your declaration at any time. And if you are higher rate tax payer you can claim personal tax relief via a Self-Assessment tax return.



QUESTIONNAIRE

Which age group are you in?

Under 20 21 – 30 31 – 40 41 – 50 51 – 60 61 – 70 71 – 80 80+

How mobile are you?

MOBILE USE A STICK USE A WHEELCHAIR NOT MOBILE NOT ABLE TO GO OUT ALONE, DUE TO ANXIETY

Please tick relevant boxes. Which of the following, do you suffer with?

Arthritic & Rheumatic Conditions	<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>
Back Problems	<input type="checkbox"/>	Irritable Bowel Syndrome	<input type="checkbox"/>
Bipolar	<input type="checkbox"/>	Ménière's Disease / Tinnitus	<input type="checkbox"/>
Blood Pressure - High/Low	<input type="checkbox"/>	Migraines	<input type="checkbox"/>
Bruxism: Teeth Grinding	<input type="checkbox"/>	M.E. Myalgic Encephalopathy	<input type="checkbox"/>
Cholesterol - High/Low	<input type="checkbox"/>	Myofascial Pain	<input type="checkbox"/>
Chronic Widespread Pain	<input type="checkbox"/>	Plantar Fasciitis	<input type="checkbox"/>
Costochondritis and Tietze's Syndrome	<input type="checkbox"/>	Seasonal Affective Disorder	<input type="checkbox"/>
C.F.S. Chronic Fatigue Syndrome	<input type="checkbox"/>	Thyroid - Over/Underactive	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Trigeminal Neuralgia	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Vitamin Deficiencies	<input type="checkbox"/>

Please use this space for additional information: