



Individual Membership ~Application form (Apr 1st 2010– March 31st 2011)

Mr/Mrs/Ms
 Surname First Name(s)

Partner's Surname First Name(s)

Address

..... Post code

Telephone No

E-mail address Low Income Benefit

Gender M F

D.O.B

Diagnosis (if any): Autism Asperger Syndrome Other – Please state

Made by (Dr) At (Clinic) on (date)

To which unitary authority do you pay your Council Tax? West Berkshire Reading
 Wokingham Bracknell Slough Windsor & Maidenhead Other.....
 I would prefer to receive the BAS Newsletter by e-mail (in PDF format) by post
 Where did you hear about BAS?.....

Please state your ethnic origin. We are required to ask for this information as a condition of some of our grants. Thank you.			
A1 White British <input type="checkbox"/>	B1 Mixed: White & Black Caribbean <input type="checkbox"/>	C1 Asian: Indian <input type="checkbox"/>	D1 Black or Black British:Caribbean <input type="checkbox"/>
A2 White Irish <input type="checkbox"/>	B2 Mixed: White & Black African <input type="checkbox"/>	C2 Asian: Pakistani <input type="checkbox"/>	D2 Black or Black British: African <input type="checkbox"/>
A3 Any other white <input type="checkbox"/>	B3 Mixed: White & Asian <input type="checkbox"/>	C3 Asian: Bangladeshi Mixed background <input type="checkbox"/>	D3 Black or Black British: any other mixed background <input type="checkbox"/>
	B4 Mixed: any other mixed background <input type="checkbox"/>	C4 Asian: any other mixed background <input type="checkbox"/>	
E1 Chinese <input type="checkbox"/>	E2 Any other ethnic groups <input type="checkbox"/>		E3 Prefer not to state <input type="checkbox"/>

Signature Date

**Please see the enclosed sheet showing fees.
 For payment and Gift-Aid information please see the reverse of this form. Thank you.**

PAYMENT DETAILS

I wish to pay by cheque/cash and enclose £15 or £10.00 or I wish to pay by Standing Order
 I also enclose a donation of £

Standing Order

To: The Manager, Bank/Building Society name

Sort code..... Branch name.....

Building Society address.....

.....

Account number..... In the name of.....

please pay to :- The Royal Bank of Scotland Plc, Brunel House, 17/27 Station Road, Reading, Berkshire RG1 1LG - sort code 16-29-25, for the credit of Berkshire Autistic Society, Account No. 10094426.

the sum of £..... Date of first payment

and thereafter on 4th April annually until further notice by myself.

OR 5/10 YEAR MEMBERSHIP The sum of £ Date of first payment

and thereafter subsequent payments at 5/10 year intervals from 4 April (Please enter year as appropriate)

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

<p><i>Gift Aid it</i></p> <p>I want all membership subscriptions and donations I've made since 5 April 2000 and any membership subscriptions or donations I make in the future to be Gift Aid Donations until I notify you otherwise.</p> <p>To qualify for Gift Aid, what you pay in Income Tax or Capital Gains Tax must at least equal the amount we will claim in the Tax Year.</p> <p>Signature of taxpayer</p> <p>Please print name of taxpayer</p>	<p>Using Gift Aid means that for every pound you give we get an extra 28 pence from the Inland Revenue. Help your donation go further – just tick the box and sign. <input type="checkbox"/></p>
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Data Protection: In accordance with the Data Protection Act 1998, the personal data you provide in this form will be stored on computer, used for membership administration and for gathering statistical data for research, funding and future provision. Membership details will only be available to our office staff and will not be passed onto anyone without permission. From time to time we use anonymous data for statistical purposes

Berkshire Autistic Society
 197 Oxford Road, Reading, RG1 7UZ
 Tel: 01189 594 594
 Email: contact@autismberkshire.org.uk

For
Office
Use

Receipt issued		Information book (newly diagnosed)	
Computer		Fact File sent & member password	
Card		Added to address book	
Copied for Gift Aid		Newsletter by email	
Copied for Standing Order			