

## MEMBERSHIP FORM

Complete the form below sign up for membership									
Applicants Name :									
	Date :								
_									
PERSONAL	INFORMATION								
First Name									
Surname									
Date of birth									
	D D M M Y Y								
Email									
Phone Number									
Country									
• ADDRESS									
Address									
Addiess									
City									

## MEMBERSHIP FORM



		Date :	Ŧ	П	Ħ	т
I wish to apply for the men the annual subscription. Th attend and vote at the AGN	nis is a way to suppo	-	-			
Cift Aid I confirm I have paid or will pay		-			-	
to 5 April) that is at leastequal to Clubs (CASCs) that I donate to w VAT and Council Tax do not qua or after 6 April 2015.	vill reclaim on my giftsf	or that tax yea	r. I under	stand that o	other taxes	such as
Signed	Da	ate				
Please notify Da'aro Youth Proje address, no longer pay sufficient or additional rate and want to re donations on your SelfAssessme	tax on your income areceive the additional ta	nd/or capitalga ux relief due to	ins. If you you, you	pay Incom must includ	e Tax at th de all your (	e higher Gift Aid
Signed:			Date:			
ata Protection*						
I would be happy to receive commu					her information	on related to the
a'aro Youth Project will never share your d	·					
n accordance with the Data Protection Ac urposes only	t 1988, you are advised that m	embership inform	ation provid	ed may be cor	nputerised an	d used for admii
ease contact us if you would be interested	l in volunteering for Da'aro Yo	outh Project				