

## RESTRICTED GROWTH ASSOCIATION

### MEMBERSHIP APPLICATION/RENEWAL FORM

#### Membership Fees 2010

	UK	Europe	Zone 1	Zone 2
Full Membership <i>Person of restricted growth (18 years and over)</i>	£20	£28	£34	£38
Associate Member <i>Person of average Stature related to a person of restricted growth or professional working with a person of restricted growth.</i>	£20	£28	£34	£38
Family Membership <i>Families living in the same household with at least one member that has a restricted growth condition.</i>	£24	£32	£38	£42
Joint Membership <i>For the purpose of subscriptions two members living at the same address may opt to be joint members</i>	£24	£32	£38	£42

*Please include parents/adults and all family members on the application form when applying, as children under 18 years cannot hold a membership of their own. Please include the dates of birth (DOB) of all family members as computerised searches are often confirmed by DOB and grant applications often require a breakdown of ages and conditions.*

Surname	Forename(s)	Date of Birth	Height (A/S)	Name of medical condition (if unknown state "Restricted Growth"

Address:	Telephone: (h)
	Mobile: (m)
	Email: (Email addresses will be used purely for RGA business and will not be passed to any third party)

Office use only:	Membership confirmation	Payment	Gift Aid	Data Input	Membership No:
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DATA INFORMATION

I am an average height parent of a child with restricted growth	please tick
We are a family where both parents and child/children are of restricted growth	
We are parents of restricted growth with an average height child/children	
We are related to a full member or child member of restricted growth	
I am a professional working with people of restricted growth	

We are in the process of updating our records to include information of hospitals and doctors who are treating or specialising in restricted growth conditions. If you are or have been in contact with a particular hospital, doctor or consultant please give details below\*

Specialist's Name	Hospital/Clinic	Specialism ie orthopaedics; neurosurgery, limb lengthening, speech and language therapy etc

Have you found or do you use any equipment (specialist or otherwise) that is particularly useful to you as a person with restricted growth or as a parent of a child with restricted growth. We are often asked to recommend equipment but unless we are aware of what members find useful and where to source it our records soon become out of date. \*

	Yes	No
Do you have any skills/time/ideas that could benefit the association and can we contact you in this respect, (please give details below ie do you have experience of, or work in, admin/business /counselling/health/education/benefits etc, or do you have time on your hands to help either regularly or from time to time)*		
We are frequently asked for people's comments on various subjects would you be willing to take part in focus groups/surveys etc as and when necessary.*		

\*Membership details are stored on computer for RGA's purposes only in accordance with the Data Protection Act.

I agree to be bound by the rules of the Association. (Copies of the Constitution may be obtained from the RGA Office).

Signed ..... Date: .....

Please return form together with the appropriate fee to: RGA, PO Box 15755, SOLIHULL B93 3FY

# Gift Aid Declaration

I am a taxpayer and I want the Restricted Growth Association to treat:

- All donations or membership subscription payments I have made since 6 April 2004 and
- All donations or membership subscription payments I make from the date of this declaration until I notify them otherwise

as Gift Aid donations, and therefore for tax to be claimed back on all donations.

Print Name .....

Address .....

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Membership Number (If Known) .....

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

## NOTES:

1. Please notify RGA if you change your name or address whilst the declaration is in force
2. You can cancel the declaration at any time, please notify us and we will not treat donations made after the date of cancellation as Gift Aid.
3. If your circumstances change and you no longer pay tax on your income and/ or capital gains tax, you can cancel your declaration.
4. You must pay income tax and/or capital gains tax at least equal to the tax that we claim in the tax year (currently 28p per £1 you give).
5. If you pay tax at a higher rate you can reclaim further tax relief in your Self-Assessment tax return.
6. If you are unsure whether your donations qualify for Gift Aid tax relief, please contact your local tax office for leaflet IR113 - Gift Aid or IR65 - Giving to Charity by Individuals.

**REMEMBER - IT DOESN'T COST YOU A PENNY -  
WE GET IT FROM THE TAXOFFICE!**