

**Nottingham NG16 9GN** 

## **MEMBERSHIP FORM**

First Name	Last Name
Address	
	RegionCountry
Contact Number	
Email	
Male Female Date of Birth	
In order to inform you of future events e.g.,	zoom meeting we will be emailing you invitations to attend
I consent to being contacted by email post phone (please circle) Signatu	re
	origin White Mixed or Multiple ethnic groups Asian or Asian British British Other ethnic group Any other ethnic group
Increase your membership fee/donation to you give at no extra cost to you! To enable identify you as a current UK taxpayer.	GIFT AID DECLARATION FORM  The Trigeminal Neuralgia Association UK (TNA UK) by 25p of Gift Aid for every £1 us to claim Gift Aid you must tick the box below as your address is needed to
in the past 4 years as Gift Aid do Capital Gains Tax than the an responsibility to pay any differer	ke TNA UK to treat all membership fees/donations I make in the future or have made conations until I notify you otherwise. I understand that if I pay less Income Tax and/or mount of Gift Aid claimed on all my membership fees/donations in that year it is my note. I understand that TNA UK will reclaim 25p of tax on every £1 that I give. Gift Aid claimed by TNA UK from the tax I pay for the current year.
Signed	Date
(Please complete all sections)	
Please let us know if you:      Want to cancel this declaration     Change your name or home address     No longer pay sufficient tax on your income and/o	or capital gains
If you pay Income Tax at the higher or additional rate and v payments on your Self-Assessment tax return or ask HM R	vant to receive additional tax relief due to you, you must include all your Gift Aid levenue and Customs to adjust your tax code.
giftaid it Registered Charity Nur	mber 1155001
Please post completed form and	I enclose a Cheque for
cheque to	Membership/Renewal £20.00
TN Association UK PO Box 10973	Donation £
	- J J. J

Freephone Number 0800 999 1899 **Helpline Option 1** Office Option 2

Total Enclosed £.....