



**Hillingdon Autistic Care and Support**  
**Registered Charity No 1066859**

**MEMBERSHIP FORM - ADULT**

HACS are committed to supporting those affected by an autistic spectrum condition and is committed to taking positive action; to be inclusive of all sections of the community, in every aspects of its work. It aims to prevent exclusion and challenge discrimination in all service delivery.

Please complete this form in **BLOCK CAPITALS** and return to: **H.A.C.S Resource Centre, Dudley Place, Off Pinkwell Lane, Hayes, Middlesex, UB3 1PB. Tel 0208 606 6780**

**DETAILS**

Title: Mr/Mrs/Miss/Ms	
First Name:	
Last Name:	
Disability y/n	
Ethnicity (see attached sheet for category)	
Address:	
Tel No. Day:	
Tel No. Eve:	
Mobile:	
Email:	
Local Borough Council:	



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## MEMBERSHIP FEES - ADULT

Membership runs from 1<sup>st</sup> April to 31<sup>st</sup> March and costs **£24 per adult**. Membership taken out part way through the year is calculated on a pro-rata basis as follows:-

APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
£24	£22	£20	£18	£16	£14	£12	£10	£8	£6	£4	£2

For eg. If membership is taken out on 23<sup>rd</sup> September then £14 is payable.

Concessionary membership is offered at a reduced rate if you are dependent on state benefit/pension or in full-time education (**please send documentary proof with membership form**). As a concessionary member you will receive the same benefits and entitlements as other members. Membership taken out part way through the year is calculated on a pro-rata basis as follows:-

APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
£12	£11	£10	£9	£8	£7	£6	£5	£4	£3	£2	£1

Enclosed:      Membership fee:            £ \_\_\_\_\_  
                  Concessionary Membership\*    £ \_\_\_\_\_  
                  Donation:                            £ \_\_\_\_\_  
                  Total:                                 £ \_\_\_\_\_

**\* include documentary proof with membership form**

**As a voluntary organisation we rely on donations so we ask those people who can afford it to make a small donation when taking out membership.**

If you are a taxpayer any donation that is given to Hillingdon Autistic Care and Support will qualify for tax relief under the Gift Aid Scheme. If you have made a donation and are a taxpayer please complete the attached form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Methods

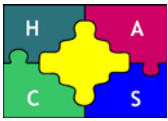
#### Online Payment

Sort Code 20-73-53 Account No. 50962392 Account Name: Hillingdon Autistic Care and Support (HACS). Please quote **Member** and **Name**. Remittance email: [louise@hacs.org.uk](mailto:louise@hacs.org.uk)

#### Cheques

Payable to Hillingdon Autistic Care and Support and returned to HACS, Dudley Place, Off Pinkwell Lane, Hayes, Middx UB3 1PB

Further Enquiries: Tel No 0208 606 6780 Fax 0208 606 6781 Email: [louise@hacs.org.uk](mailto:louise@hacs.org.uk)



## Gift Aid Declaration - for past, present and future donations

# Hillingdon Autistic Care and Support

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Please treat as Gift Aid donations all qualifying gifts of money made

Today                       In the past 4 years                       In the future

Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all charities that I donate to will reclaim on my gifts for that tax year. I understand the charity will claim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

### Donor's details

Title.....First Name or initials.....

Surname.....

Full home address.....

.....

.....Postcode.....

Date..... Signature.....

### *Please notify the charity if you:-*

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.



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## MONITORING INFORMATION

Please study the list below and indicate on the membership form your ethnic background.

### How would you describe your ethnic background?

(categories in line with 2011 census classification)

#### White:-

White British  
White Irish  
White Gypsy or Irish Traveller  
Any other White background

#### Mixed/multiple ethnic group:-

White and Black Caribbean  
White and Black African  
White and Asian  
Any other mixed/multiple ethnic group

#### Asian/Asian British:-

Indian  
Pakistani  
Bangladeshi  
Chinese  
Any other Asian background

#### Black/African/Caribbean/Black British:-

African  
Caribbean  
Any other Black/African/Caribbean  
background

#### Other ethnic group:-

Arab  
Any other ethnic groups

I do not wish an ethnic background category to be recorded

#### Please note:

Our ethnic background describes how we think of ourselves. This may be based on many things, including for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.



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## HACS MEMBERS SURVEY

HACS are continually evaluating the services we offer to members so we would appreciate it if this short survey could be completed.

NAME:

DATE:

Please tick the services that you are likely to use and would like us to continue to provide:-

### 1. Training

Workshops   
Conferences

What other training would you wish to see provided?

### 2. Recreational activities for children

Playscheme   
Regular children's club (age 3 to 10 yrs)   
Regular Youth Group (age 11 to 25 yrs)

What other recreational activities would you wish to see provided?

### 3. Recreational activities for the family

Seasonal activities eg Halloween, Christmas fun days   
Family Barbeque and fun day

What other recreational activities would you wish to see provided?

### 4. Recreational activities for parents/carers

Quiz night   
Dinner and dance   
Shopping trip eg Brighton   
Carers' day

What other recreational activities would you wish to see provided?

### 5. Monthly Support Groups

Monthly morning support group   
Monthly evening support group

## 6. Family Support Work

- Disability Living Allowance
- Mobility/Blue Badge
- Education issues
- Medical issues
- Adults with an ASD/Asperger's syndrome
- General support and advice

## 7. HACS information

- Newsletter
- Emailed information

Is the information provided by HACS sufficient? What other information would you wish to see provided?

If you would prefer HACS to send information via email please supply email address

## 8. What do you think is the best service provided by HACS and why?

## 9. What do you like least about the services provided?

## 10. Volunteering

Would you be willing to volunteer in any way?

Yes       No       If yes, in what way?

- Organising tea and coffee
- Typing/data inputting
- Photocopying
- Putting up posters
- Advocating for H.A.C.S. at various events (e.g. Carer's Fair)
- Helping organise events (e.g. Fetes, Bazaars)
- Participating in Christmas/Valentine wrapping at shopping centre
- Taking notes at the meetings
- Accompanying a new member to early meetings
- Transport for people without cars
- Other (please give details below:-)

## 11. Do you have any other comments you wish to add?

*Please complete and return this form to: -  
Hillingdon Autistic Care and Support, Dudley Place, Off Pinkwell Lane, Hayes, Middlesex, UB3 1PB.  
Tel 0208 606 6780*