

INDIVIDUAL & FAMILY MEMBERSHIP FORM

Please use **BLOCK CAPITALS**. HACS membership is held in the SURNAME of Individual/Parent/carer (1). If you are an adult on the autism spectrum joining as a member please complete your details in the box labelled Individual/Parent/carer (1).

<p>Individual or Parent/Carer (1)</p> <p>Title: Mr/Mrs/Miss/Ms/Other Gender: M/F/Other: _____</p> <p>First names:</p> <p>Surname:</p> <p>Ethnicity <small>(see Monitoring Information):</small></p>	<p>Email address (this is how we prefer to contact you - <u>please write clearly</u>):</p> <p>If you do not use email please tick here: <input type="checkbox"/></p> <p>Telephone No Home: Mobile Telephone No: Telephone No Work:</p> <p>Disability: Y / N Diagnosis: Age: 16-19 <input type="checkbox"/> 20-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> 66+ <input type="checkbox"/></p>
<p>Parent/Carer (2)</p> <p>Title: Mr/Mrs/Miss/Ms/Other Gender: M/F/Other: _____</p> <p>First names:</p> <p>Surname:</p> <p>Ethnicity <small>(see Monitoring Information):</small></p>	<p>Email address (this is how we prefer to contact you - <u>please write clearly</u>):</p> <p>Telephone No Home: Mobile Telephone No: Telephone No Work:</p> <p>Disability: Y / N Diagnosis: Age: 16-19 <input type="checkbox"/> 20-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> 66+ <input type="checkbox"/></p>
<p>YOUR HOME ADDRESS:</p> <p>What Local Authority do you come under?</p>	
<p>Child 1</p> <p>SURNAME: First names: DOB: Gender: M/F Ethnicity <small>(see Monitoring Information):</small> Disability: Y / N Diagnosis: Name of School:</p>	<p>Child 2</p> <p>SURNAME: First names: DOB: Gender: M/F Ethnicity <small>(see Monitoring Information):</small> Disability: Y / N Diagnosis: Name of School:</p>
<p>Child 3</p> <p>SURNAME: First names: DOB: Gender: M/F Ethnicity <small>(see Monitoring Information):</small> Disability: Y / N Diagnosis: Name of School:</p>	<p>Child 4</p> <p>SURNAME: First names: DOB: Gender: M/F Ethnicity <small>(see Monitoring Information):</small> Disability: Y / N Diagnosis: Name of School:</p>



From time to time HACs will use photographs and/or video clips for display purposes, general marketing, informational publications, social media or the general promotion of the charity. **Please indicate permission** for you and your child(s) image and/or work to be used in this way.

I consent for all members of our family listed in this membership
 I do not give consent for publicity of images of our family

MEMBERSHIP FEES FOR INDIVIDUAL & FAMILY MEMBERSHIP

Membership runs for 12 months and costs **£36 per individual/family.**

Paying for your membership - how much?

Membership fee (see fee table) £
 Donation (if you are able) £
Total to pay £

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

Ways to pay

Online Payment Sort Code 20-73-53 Account No. 63532836

Account Name: Hillingdon Autistic Care and Support (HACS)

Cheques to be made payable to 'Hillingdon Autistic Care and Support'

Cash must be placed in a sealed, clearly marked envelope (cash sent via Royal Mail is at your own risk)

Please quote '**Surname of Individual/Parent/carer 1** and the word '**Member**' in all payment methods

I am paying by:

Online BACS date: Cheque No: Cash

Gift Aid

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

(please tick all of the boxes that you wish to apply)

Declaration

today in the past 4 years in the future

For past, present and future donations

I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 Apr to 5 Apr) 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 that the charity will claim 28p of tax on every £1 that I gave up to 5 Apr 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 Apr 2008.

! If you are a taxpayer please complete →

Signature:

Date:

I will notify the charity if I want to cancel this declaration, or change my name or home address or if I no longer pay sufficient tax on my income and/or capital gains

MONITORING INFORMATION

Ethnicity - please use these categories for each person listed on this form on Pages 1. Our ethnic background describes how we think of ourselves. This may be based on many things including our skin colour, language or culture. Ethnic background is not the same as nationality or country of birth.

White - British		Black or Black British - Other Background	
White - Irish		Asian or Asian British - Indian	
White - European		Asian or Asian British - Pakistani	
White - Other Background		Asian or Asian British - Bangladeshi	
Mixed - White and Black Caribbean		Asian or Asian British - Chinese	
Mixed - White and Black African		Asian or Asian British - Japanese	
Mixed - White and Asian		Other Ethnic Group Not Stated	
Mixed - Other Mixed Background		Black or Black British - Caribbean	
Black or Black British - African		Did not wish to disclose ethnic group	

Individual/Parent/Carer (1) Signature: _____

Date: _____