

Thank you for taking up membership of PMRGCAuk. Your support will help make a real difference to the lives of people with these conditions, and contribute to our campaign to prevent the threat of visual loss.

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other:	
Forename:	
Surname:	
I am a: Patient <input type="checkbox"/> Professional <input type="checkbox"/> Friend/relative <input type="checkbox"/> Other:	
Occupation (if employed):	
Address:	
Postcode:	Tel.:
Email address:	
Date of birth:	

Membership Subscription Rates (please tick relevant boxes)

- Individual: £20.00 per year
- Concessionary Individual: £10.00 per year (retired or unwaged)
- I would like to add a donation of £: _____

Gift Aid

If you pay Income Tax, Gift Aid will increase the value of your payment by allowing us to reclaim basic rate tax on your Gift.

- YES - I would like my subscription/donation to be treated under the Gift Aid scheme.
- NO - I am not able to Gift Aid my subscription.

You can cancel this declaration by notifying PMRGCAuk

How would you prefer to receive information?

- By post
- By email

Signature: _____

Date: _____

**Please return this form with your cheque/postal order (made payable to PMRGCAuk) to:
PMRGCAuk c/o BARC, 2nd Floor, Birmingham
Central Library, Chamberlain Square,
Birmingham , B3 3HQ**



Please complete and forward this section to your Bank

Payment of Subscription by Standing Order to:

Beneficiary: PMRGCAuk

Bank Account: HSBC Bank

Sort Code: 40-47-31

Account Number: 24221400

Payment of: £ _____ (amount in words) _____

From: _____ (Day) _____ (Month) _____ (Year) annually until further notice.

PMRGCAuk Reference (insert name): _____

Your Account Name: _____

Your Bank Sort Code: _____ **Your Account Number:** _____

Signature: _____ **Date:** _____

