



## Annual Membership Application

### YOUR DETAILS *(please use BLOCK CAPITALS)*

Name:

Address:

Postcode:  Telephone:

Email:

DOB:   
*(optional)*

Which class do you usually attend?

### ANNUAL MEMBERSHIP SUBSCRIPTION: £10

I enclose a cheque/cash for the sum of:

*Please make cheques payable to **North Gwent Cardiac Rehabilitation and Aftercare Charity**. Please do not send cash through the post.*

### GIFT AID

**Are you a UK taxpayer?** If so, we can claim an extra £2.50 Gift Aid on your subscription, at no cost to you. Simply confirm the following statement by ticking the box below. ✓

**Yes!** Until I give further notice, I would like Gift Aid to be claimed on any eligible subscriptions or donations that I have ever made or will make to the North Gwent Cardiac Rehabilitation and Aftercare Charity. I confirm that I pay an amount of UK income or capital gains tax at least equal to the Gift Aid that the Charity will claim.

Signed:

Date:

### PLEASE RETURN YOUR COMPLETED FORM TO:

Mrs Kathy Cleveland, Water's Edge, The Moorings, Govilon, Monmouthshire NP7 9PA.

Email: [kacleveland1@btinternet.com](mailto:kacleveland1@btinternet.com)

### DATA PROTECTION

The personal information that you provide will be handled by the North Gwent Cardiac Rehabilitation and Aftercare Charity in accordance with the Data Protection Act 2018. It will only be used for the purpose of sending you information regarding the Charity and membership and will not be disclosed to any other parties, outside individuals or bodies. All your information will be destroyed on cancellation of your membership.