



Membership of Headway Darlington & District

Type of Membership: Individual / family (delete as appropriate)

Corporate / Association membership details overleaf

Family Members please complete a form per individual

Title _____ Full Name _____

Address _____

_____ Post code _____

Contact Telephone number: _____ Mobile: _____

Email Address : _____

How did you hear about us?

Please indicate if you are:

- Head injured**
- A relative of a head injured person**
- A carer**
- A volunteer**
- An interested supporter of Headway**

I agree for my name to be added to the distribution list so I can be updated with events and activities

I agree that my contact details being distributed to fellow members

I give my consent for any photographs taken by Headway at meetings or events to be used for publicity / information purposes for the benefit of Headway and it's services.

I will adhere to the Headway behaviour code of conduct (copies available on request)

I enclose the Annual Subscription of £10.00 / £15.00 for membership of Headway Darlington & District. Cheques should be made payable to **Headway Darlington & District**.

SIGNED _____ DATE _____

GIFT AID DECLARATION

If you are a new member / or existing member and you have not already completed a gift aid form and you are a UK Tax Payer, we would be grateful if you would please sign and return the Gift Aid Declaration form.

Name:.....

I would like Headway Darlington & District to treat all payments I make from the date of this declaration as gift aid until I notify you otherwise. I am an income tax payer and I will notify you if, in the future, I cease to be one.

Signed Date

Office Use Only

Copy to secretary

Add to stakeholder database

Membership No.



APPLICATION FOR CORPORATE MEMBERSHIP OF HEADWAY DARLINGTON & DISTRICT

I enclose the Annual subscription fee of £100.00 for membership of Headway Darlington & District. Cheques should be made payable to **Headway Darlington & District**.

Corporate / Association Membership

Name of Company/Assoc _____

Contact name: _____

Address _____

_____ Post code _____

Contact Telephone number: _____ Mobile: _____

Email Address : _____

Business Sector: _____

Geographical area covered: _____

Number of Employees: _____

Number of Branches wishing to have membership: _____

Please find enclosed a cheque for _____ made payable to Headway Darlington & District.
(Please note that if more than one branch wishes to be a corporate member – and have a vote - £100 is payable for each branch)

Should your company wish to make payment by standing order, please contact us and we will send you the relevant forms.

Please note that at the AGM, a voting slip will be issued to the contact name listed above and this will apply to that person only for the duration of the membership year.