NORTHALLERTON AND THE DALES MENCAP SOCIETY
APPLICATION FOR MEMBERSHIP

I subscribe to the aims and objectives of the Mencap Society and I wish to become a Member of:

Local Society..... (all Local Society members will become members of the Royal Mencap Society free of charge from 2008)
Local Society membership fees are: **£2 minimum per Individual member**
£5 minimum per Group Home
£5 minimum per Family membership

Mr / Mrs / Miss/Ms Surname..... Forename.....

Surname..... Forename.....

Surname..... Forename.....

Surname..... Forename.....

Address .....

.....

Post Code ..... Telephone Number …….

Name of Disabled dependent (if any) .....

Date of birth of dependent..... Attends: Centre/School …….

Lives in the community at: .....

Signed .....

(No receipt will be issued unless requested)
Gift Aid Declaration

Full Name……. Date of Birth…….
I give permission for my subscription/donation of £…… to be a gift aid amount ☐
I am a tax payer ☐ Please tick boxes as appropriate

Signature……

Completed Membership applications should be returned to:
The Secretary, Goosecroft Centre, Goosecroft Lane, Northallerton, DL6 1EG
Tel: 01609 778894

Cheques to be made payable to:
NORTHALLERTON AND THE DALES MENCAP SOCIETY