

Sands Membership Form



Please complete the following clearly, preferably in CAPITALS and with a BLACK pen.

Please then scan and email to membership@sands.org.uk or post to: Sands, Victoria Charity Centre, 11 Belgrave Road, London. SW1V 1RB

1. Tell us About You

Title	<input type="text"/>	First Name	<input type="text"/>							
Surname	<input type="text"/>		Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	<input type="text"/>									
Town/City	<input type="text"/>			County	<input type="text"/>					
Post Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country	<input type="text"/>				
Email Address*	<input type="text"/>									
Tel (Day)	<input type="text"/>			Tel (Eve)	<input type="text"/>					
Mobile	<input type="text"/>			Tel (Other)	<input type="text"/>					
How would you prefer to receive constitutional information such as voting forms?							Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
Please Tick										

*Please make sure you tell us your current email address if you would like to receive membership information by email
Please note that the liability of Membership is limited. In the event that the Charity is wound up, Members' liability is limited to £1.00

Joint Member

Title	<input type="text"/>	First Name	<input type="text"/>							
Surname	<input type="text"/>		Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address*	<input type="text"/>									
How would you prefer to receive constitutional information such as voting forms?							Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
Please Tick										

*Please make sure you tell us your current email address if you would like to receive membership information by email
Please note that the liability of Membership is limited. In the event that the Charity is wound up, Members' liability is limited to £1.00

2. About the Membership type you are applying for:

a. Individual and Joint/Family

Please note an Individual membership provides one vote and a Joint/Family Membership two votes at the Annual General Meeting

Is your membership Please Tick New Renewal

Please note for a new membership please add £4.95 to help with the cost of shipping your pack

Membership Type

Individual £16.00 per year	<input type="checkbox"/>	Joint/Family £24.00 per year	<input type="checkbox"/>
Individual (Low Income) £8.00 per year	<input type="checkbox"/>	Joint/Family (Low Income) £10.00 per year	<input type="checkbox"/>
Individual (Overseas) £24.00 per year	<input type="checkbox"/>	Joint/Family (Overseas) £32.00 per year	<input type="checkbox"/>

Supporting anyone affected by the death of a baby, working to improve bereavement care and promoting research to reduce the loss of babies' lives

b. Sands Group Officer and Committee Members

Please note an Individual membership provides one vote and a Joint/Family Membership two votes at the Annual General Meeting

Is your membership Please Tick New Renewal

Please note for a new membership please add £4.95 to help with the cost of shipping your pack

Sands Group Name

Membership Type

Individual – Chair £12.00 per year Individual – Treasurer £12.00 per year

Individual – Secretary £12.00 per year Individual – Befriender £12.00 per year

Gift Aid Declaration

For any donation, Sands can reclaim the tax at no cost to you! This means for each £1 donated, Sands can reclaim 25p from HM Revenue & Customs; you just need to tick the Gift Aid box below.

To allow us to claim Gift Aid on your membership fee, please read the fine print below, tick the Gift Aid box. Please note that a separate Gift Aid Declaration is needed for each individual member. Additional forms are available by calling 020 3897 6092 or emailing membership@sands.org.uk

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Gift Aid Declaration

By ticking the box I confirm that I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to Sands, the stillbirth and neonatal death charity. I confirm I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

3. Payment

Please find enclosed a cheque/postal order payable to 'Sands' £

I would like to pay my membership fee by an annual Direct Debit *Please complete and return a Direct Debit Form

We will set up an annual Direct Debit payable on the first day of the month that your membership fee becomes due.

4. Donation

I would like to make a regular donation to Sands by Direct Debit *Please complete and return a Direct Debit Form

How often would you like to donate? Monthly Annually

How much would you like to donate?

£20 £50 £10 £5 Other Amount £

Please also complete and return the following:

- Company Consent Form for each person named in Part 1.

Thank you very much for becoming a member of Sands and supporting the vital work that we do. We are delighted to welcome you to Sands and together, hope that we can make a real difference for the Sands community.

We would like to contact you with news and information about Sands and other ways to support us

If you are happy to receive these emails from Sands please tick this box

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