



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Email Address: \_\_\_\_\_  
(Optional) DD/MM/YYYY

Telephone number (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

I DO NOT give permission for Foggys to use photographs and videos of me, to use on Foggys website and in promotional publications that Foggys produce.

(£5.00 joining fee, £5.00 membership) **New Membership: £10.00**

(£5.00 renewable annually in April) **Membership Renewal: £5.00**

Cheques to be made payable to Foggys, please bring along to our next meeting or post to:  
69 Queen Elizabeth Drive, Taw Hill, Swindon SN25 1WR (CORRESPONDENCE ADDRESS ONLY)

*giftaid it*

**At no extra cost to you, increase your gift by 25p for every £1 you donate using Gift Aid.**

#### Declaration

Please tick as appropriate:

Yes, I am a UK taxpayer and would like Foggys to reclaim tax on the donation I have made in the last four years and any future gifts I make. I have read the information below regarding Gift Aid eligibility.

Sorry, I don't pay tax.

Signature: \_\_\_\_\_

#### Can I Gift Aid my own donations?

If you pay UK Income Tax (this includes tax on your savings and pension) or Capital Gains Tax and this is at least equal to the amount Foggys, and any other charity/Community Amateur Sports Club you donate to will reclaim on your donations (25p for every £1 donated) in the tax year (6th April – 5th April), then you can gift aid your donations. (Council tax and VAT don't count). Please note that collections' donations made via an individual cannot be gift aided (e.g. Birthday collection).

#### What do I need to do?

Tick the box above and Foggys will claim the money from the Government. We also need you to keep us updated if you move house, change your name or are no longer paying enough tax to cover your donations. You can also cancel your declaration at any time. And if you are higher rate tax payer you can claim personal tax relief via a Self-Assessment tax return.



### QUESTIONNAIRE

(Optional for you to complete – this information is NOT shared with anyone else)

Which age group are you in?

Under 20  21 – 30  31 – 40  41 – 50  51 – 60  61 – 70  71 – 80  80+

How mobile are you?

MOBILE  USE A STICK  USE A WHEELCHAIR  NOT MOBILE  NOT ABLE TO GO OUT ALONE, DUE TO ANXIETY

Please tick relevant boxes. Which of the following, do you suffer with?

Arthritic & Rheumatic Conditions	<input type="checkbox"/>	Depression	<input type="checkbox"/>
Back Problems	<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>
Bipolar	<input type="checkbox"/>	Irritable Bowel Syndrome	<input type="checkbox"/>
Blood Pressure - High/Low	<input type="checkbox"/>	Migraines	<input type="checkbox"/>
Bruxism: Teeth Grinding	<input type="checkbox"/>	M.E. Myalgic Encephalopathy	<input type="checkbox"/>
Cholesterol - High/Low	<input type="checkbox"/>	Myofascial Pain	<input type="checkbox"/>
Chronic Widespread Pain	<input type="checkbox"/>	Neck Pain	<input type="checkbox"/>
Costochondritis and Tietze's Syndrome	<input type="checkbox"/>	Plantar Fasciitis	<input type="checkbox"/>
C.F.S. Chronic Fatigue Syndrome	<input type="checkbox"/>	Thyroid - Over/Underactive	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Vitamin Deficiencies	<input type="checkbox"/>

Please use this space for additional information: