

MGA Membership Application Form

Notes on Membership and Personal Information

1. I understand that this information is protected under the Data Protection Act and hereby give my consent to MGA to hold and disclose my information in accordance with the registration made by MGA and for no other purpose other than that required by Act of Parliament.
2. I confirm that I am resident in the UK or Ireland and that I support the aims and purposes of the Association and that if I move overseas to live, my membership will lapse.
3. I agree to abide by the rules of the Association.
4. Membership is FREE and runs for one year from the date of approval by the Board. The Board meets bi-monthly to approve NEW membership applications.
5. MGA will automatically renew Membership for those members in contact with MGA where possible. Failing this, a renewal application will be sent out by post shortly before the current expiry date. You can cancel your membership at any time.
6. All Members will receive copies of the Association's financial statements and audited accounts. These are also available upon request.
7. In accordance with the Data Protection Act, you may opt out of receiving mailings now or at any time in the future.
8. No person who has not reached his or her legal majority (18 years) can become a director of the Charity. Neither can they sit on a Branch Committee (if said Branch is accountable for property).

(If this is a Renewal, we will have completed the boxes for you, where possible.

MGA Ref

Your Details (Please complete or amend)

Male/Female:

Mr/Mrs/Other:

First Name:

Middle Names:

Last Name:

Decorations/Suffix:

Date of Birth:

Occupation:

Retired (yes/no):

Your Address (Please complete or amend)

House Name:

House No:

Street:

District:

Town:

County:

Post Code:

Country:

Tel Public:

Tel Ex Dir:

Email:

Our database shows you are a: Type:

Please Tick. I am a: Sufferer Relative of Sufferer Supporter

I am associated with this Branch of MGA:

If you are a Relative of a child under 16 please enter their name and DOB below.

MGA Membership Application Form

Thank you for applying for Membership of MGA. Please read the information on this application form and ensure that you Sign and Date the application before returning it. New Applications will take some time to process as they have to go before the Board which meets bi-monthly.

PLEASE SIGN AND DATE THE APPLICATION

I wish to apply for FULL VOTING MEMBERSHIP. I am aged 16 years or over. I understand that as a MEMBER I will be entitled to attend all General Meetings of the Charity and have full voting rights. I understand that the Myasthenia Gravis Association is a Company Limited by Guarantee and that as a MEMBER I may be required to contribute up to £1 to the assets of the Association in the event of it being wound up whilst I am a member or within one year after I cease to be a member.

I understand that MGA will automatically renew my membership where possible but where they have not had contact with me during the period of my current membership they will confirm my willingness to continue to be a member by sending out an Application for Membership Renewal shortly before the current expiry date. Should my membership expire, it will be at the discretion of MGA as to whether any future application is required to be re-approved by the MGA Board. I understand that I can cancel my membership at any time by giving notice to MGA and undertake to destroy or return any existing membership cards.

Signed: _____

MGA Ref

Dated: _____

I am enclosing a Donation £ _____

I do require a Receipt []

Not requiring a receipt will save costs

IMPORTANT: Please read Notes on Membership and check/amend your details overleaf

Membership is FREE, but as we are entirely dependent on voluntary income, it would greatly help our work if you were able to provide a donation. The MGA Newsletter alone costs over £1 per copy to produce and distribute. Therefore a contribution in excess of £5 will cover a years costs and greatly assist the aims and objectives of the Association.

I wish to Gift Aid this donation and all donation made since 1st April 2000 and I confirm that I am a UK Tax Payer and have paid tax equal to the sum reclaimed by MGA on my donation(s). Ticking this box increases the value of your donation by 28% at NO further cost to yourself.

I do NOT want to receive MGA Newsletters

I do NOT want to be kept informed of MGA events and Meetings

Please Send Further Information on how I can further support MGA by:-

- Gift Aid (enhances your donation if you are a UK tax payer)
- Wills (advice on making a bequest in favour of MGA in your will)
- Payroll Giving (if you are in regular employment)
- Share Giving (donating unwanted share certificates)

For Office Use Only

Date Approved: _____

DCB Ref: _____

PID REF: _____

OP: _____