



# Cyclical Vomiting Syndrome Association UK

<http://www.cvsa.org.uk>

## Membership Form

**Please complete the form in full in BLOCK CAPITALS and return to:  
Nigel King, Membership Secretary, 31 Tower Way, Dunkeswell, Honiton, Devon, EX14 4XH**

Title: Prof/Dr/Mr/Mrs/Ms/Miss/Other: .....

First Name: ..... Surname: ..... Middle Initial(s): .....

Address: .....

Town/City: ..... County: ..... Postcode: .....

Contact No.: ..... E-mail: .....

Please let us know who suffers from CVS:-

Title & full name of sufferer: ..... Age at onset: .....

Date of birth: ..... Relationship: .....

How did you hear about the CVSA: .....

Tick the box if you are a health care professional

A copy of the CVSA newsletter in pdf format will be e-mailed to the address provided twice a year to help reduce costs unless one of the following options is selected:

- I would like to receive only a printed copy of the newsletter
- I do not wish to be on the CVSA newsletter mailing list

I wish to become a member of the CVSA charity and enclose the following:

- Membership Fee: £20 (The annual renewal fee will be £10)  An additional donation of: £.....
- I wish to donate by standing order the sum of £..... each month / year (delete as appropriate)  
*Please complete the separate Standing Order form from our website and hand it in to your bank*

### Gift Aid

If you are a UK tax payer, please consider gift aiding your donation by ticking the box below and completing the separate Gift Aid Declaration form, which will allow the charity to gain an extra 25p for every £1 you donate at no extra cost to you.

I want to Gift Aid my donation and I enclose a completed Gift Aid Declaration form

**Please make cheques payable to Cyclical Vomiting Syndrome Association UK**

Signed: ..... Date: .....

*Your details will be held on an electronic database for CVSA administration purposes only and will be treated as strictly confidential. We do not sell or pass on any information to any third-party. However, research into CVS is extremely important and it may be that the CVSA UK could be contacted for help in enlisting willing participants to take part in a study sometime in the future.  Please tick the box if you **do not** want to be contacted for research purposes*

**It is important to let us know if you change any of your contact details**

**THANK YOU FOR YOUR SUPPORT**

### FOR OFFICE USE ONLY

Date Received	Membership No.	Payment	Gift Aid	Date Processed



*giftaid it*

## **Gift Aid Declaration** for past, present & future donations

### **Cyclical Vomiting Syndrome Association**

Please treat as Gift Aid donations all qualifying gifts of money made:

today [ ], in the past 4 years [ ], in the future [ ].

Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

#### **Donor's details**

Title: \_\_\_\_\_ First Name or Initial(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Date: \_\_\_\_\_

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

#### **Please notify the charity if you:**

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code