



Cyclical Vomiting Syndrome Association UK

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

Membership Form

To become a member, please complete the form in full in BLOCK CAPITALS and return to:

Nigel King, Membership Secretary, 15 Tower Way, Dunkeswell, Honiton, Devon, EX14 4XH
or if payment made by electronic bank transfer, email to nigel@cvsa.org.uk

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

To help reduce costs, a pdf copy of our newsletter will be distributed twice a year to the email address provided above, 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 understand that the membership fee is **£20** (the annual renewal fee will be £10) and I wish to make my donation using the payment method selected below:

- ☐ Cheque enclosed for the sum of £.....
*Please make cheques payable to **Cyclical Vomiting Syndrome Association UK***
- ☐ Electronic bank transfer for £....., paid to CVSA UK Account No: 01259834 Sort Code: 30-96-50
Please use "membership fee" as the payment reference
- ☐ 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 Gift Aid Declaration form, to 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

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 charity could be contacted for help in enlisting willing participants to take part in a future study.

☐ 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

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year and for this your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation please tick one of the boxes below:

- ☐ I want to Gift Aid my donation of £_____ as a single donation to:
- ☐ 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:

Cyclical Vomiting Syndrome Association UK

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.

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