

# Membership Application Form



Please complete all sections of the form to become a member of the Scoliosis Association (UK).

## 1. Personal Details

Please fill in the details of the person paying for the membership

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

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

Sex: Male/Female

Date of birth: \_\_\_\_\_

Telephone (daytime): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have scoliosis? Yes  No

Are you a relative / carer of someone with scoliosis? Yes  No

Please complete Section 1a if you have answered 'Yes' to the question above. If your answer was 'No' please move on to Section 2 overleaf.

If you answered 'No' to both questions above please go to Section 3.

## 1a. Personal Details

Please fill in the details of the person with scoliosis, if different from above

Relationship to membership fee payer: \_\_\_\_\_

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

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

Sex: Male/Female

Date of birth: \_\_\_\_\_

Telephone (daytime): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## 2. Scoliosis History

Type of scoliosis (medical name if known):

At what age was the curve first noticed:

If the condition is secondary to another condition, please give details of the primary condition:

When was the scoliosis first diagnosed?

As an Infant or child

As an adolescent

As an adult

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Have any other conditions been diagnosed?

What treatment has been received to date: (tick relevant boxes and provide additional information if necessary)

Awaiting first appointment

Monitored by a specialist

Bracing

Surgery

Other

<input type="checkbox"/>

type of brace: \_\_\_\_\_

type of treatment: \_\_\_\_\_

If a hospital has been attended please provide further details:

The hospital attended: \_\_\_\_\_

The name of the consultant: \_\_\_\_\_

**If applicable please give details of the scoliosis surgery:**

When did the surgery take place? (Month, Year)

What age were you / the person with scoliosis at the time of the operation?

Please tell us any other information about the scoliosis (E.g. pain or breathing problems?)

### 3. Membership Options

Based on the information given on this form SAUK will provide you with contact details of people who are going through/have been through a similar experience.

SAUK has three types of membership depending on whether you would like your contact details available for other members who join.

Please read each description and choose the membership option that best suits you.

**Full membership**

Is for those members who are happy for their contact details to be given to new members who sign up who either live in their area or have gone through a similar experience.

**Reserve membership**

Is for those members who do not want their contact details sent to new members who join.

**Associate membership**

Is for organisations or persons working in the area of scoliosis.

Please note: Your details will only be used for SAUK's purposes and will under no circumstances be passed on to third parties.

If you would like to be connected with other members it would be helpful to know a few more details about what kind of person/the topics you would like to discuss. We will then do our best to match you with others on our database. Please tick the appropriate boxes to tell us about the experiences you would like to share:

Adults with scoliosis   
Contacts for your child   
Parents

Contacts from anywhere in the UK   
Contacts only in your local area

#### Topics

Adolescent scoliosis   
Adult scoliosis   
Alternative therapies   
Bracing   
Infantile scoliosis

Neuromuscular scoliosis   
Pain   
Surgery   
Other   
Please specify: \_\_\_\_\_  
\_\_\_\_\_

Where did you hear about SAUK?

## 4. Payment Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

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

### Membership costs £15 per year (£25 for overseas members)

a) Payment by cheque  (made payable to Scoliosis Association (UK))

b) Payment by Standing Order  (please complete details below)

To (Your Bank's Name): \_\_\_\_\_

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

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

Bank Account Number: \_\_\_\_\_ Bank Branch Sorting Code

**Please pay the SCOLIOSIS ASSOCIATION (UK) Sort Code 40-52-40 Account No. 00013507  
CAF BANK LTD., 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ.**

The sum of £ \_\_\_\_\_ commencing on: \_\_\_\_\_ (dd/mm/yy)

And thereafter on same day\* monthly/ quarterly/ annually (\*delete as appropriate)

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

### Cash donation

In addition to my membership fee I would like to make a donation of £ \_\_\_\_\_

The donation is included as part of my Bank Standing Order / Cheque (delete as appropriate)

If your donation is for £15 we will use this to fund a person's membership who is unable to pay for it themselves.

### Donation in kind

Become a SAUK Volunteer and donate your skills and experience to the charity. Whether it is time spent in our office, or simply displaying our leaflets we would be extremely grateful.

I would like to become a SAUK Volunteer and offer my time to do: \_\_\_\_\_

## 4b. Gift Aid

SAUK can claim tax back on your membership / donation. This means that for every pound you give, we get an extra 25 pence from the Inland Revenue, helping your contribution go further with NO additional cost to you.

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.

Full Name: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

**Please notify SAUK 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.

**Please return to: Scoliosis Association (UK), 4 Ivebury Court, 325 Latimer Road, London, W10 6RA.**