



MEMBERSHIP FORM

Please complete in BLOCK CAPITALS

You: Title: Forename: Surname:

Your date of birth: Phone number: Mobile:

Address:

.....Postcode:

Email address: (please print clearly):

Prostate cancer treatment received/planned, clinical trials:

Your spouse/partner (please sign in first section overleaf):

Title: Forename: Surname (if different):

Ways you can help:

- Are you prepared to talk to others about your treatment journey? Yes/No
- I'd like my name and contact details to be available to other members Yes/No
- I'd like to receive newsletters **by post** / I'll receive it by **email (pdf file)**
- I can help with (supermarket etc.) collections in my area. (This involves an occasional maximum 2 hours, normally on a weekend)
- I can help with local meetings (e.g. setting up, publicity, refreshments)
- I can help with quarterly mailings:
- My skills that might help PCaSO:

Our lifetime membership fee is £12 (minimum) see overleaf. For this you will receive quarterly PCaSO Newsletters with details of all events, local meetings, and other activities, as well as *Prostate Matters*, the newsletter of "Tackle" the national Prostate Cancer Support Federation. In addition, prostate cancer information booklet, *Knowledge Empowers*, is free to members.

PCaSO's aims are not only to support members but also to increase public awareness of the risk of prostate cancer, support clinicians, academics and researchers working in the field and raise funds for equipment, particularly in the south coast area. To do this we need your continued support and ask you to help by additional donations, an annual standing order and Gift Aid (if applicable).

Please complete overleaf details of your subscription and Standing Order form

**Please make your cheque payable to
'PCaSO (Membership)'
and return the whole completed form including Standing Order to:
Membership Secretary, The Roddy, Otterbourne, Winchester SO21 2DR
and NOT to your bank.**

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I enclose: Membership fee: £ 12.00

Additional donation: £

Total: £ Your signature:

Wife/partner's signature (if Joint Membership required):

If you wish, complete the Standing Order form below and, if a tax payer, Gift Aid Declaration.

Gift Aid Declaration

In order to Gift Aid your donation you must tick the box below:

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: **PCaSO – Prostate Cancer Support Organisation.**

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.

Title: First name: Surname:

Full Home Address

..... Post Code:..... Date:.....

Please notify PCaSO if you: ● wish 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.

STANDING ORDER FORM

In order to maintain our work, we encourage members to contribute by making a Standing Order in our favour, which may be cancelled by you at any time. Please complete below.

Your full name: Tel No:

Your Bank and Branch name:

Sort Code: Account Number:

Recipient's name: **PCaSO (Membership)** Account No: **61303856**

Recipient's Bank & Branch: **HSBC, 312 London Road, Waterlooville, PO7 7DX** **40 – 23 - 20**

Payment amount: £ Frequency: **Yearly/ Monthly** Start Date:

Ref: Your Signature: Date: