



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

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** (*Delete as necessary*)
- I can help with (supermarket etc.) collections in my area.
(This involves an occasional maximum 2 hours, normally on a weekend) **Yes/No**

Our lifetime membership fee is £12 (minimum) see overleaf. For this you will receive PCaSO newsletters and emails with details of developments of treatments, all our events, local meetings, and other activities, as well as *Prostate Matters*, the newsletter of Tackle Prostate, the public name of the National Federation of Prostate Cancer Support Groups.

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 tick the GDPR box

*Please make your cheque payable to
'PCaSO (Membership)'
and return the whole completed form including Standing Order to:
Membership Secretary, 46 Grosvenor Road, Seaford, East Sussex BN25 2BT
and NOT to your bank.*

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I enclose: Membership fee: £ 12.00

Additional donation: £

Total: £ Your signature:

If you wish, please complete the Standing Order Form below and, if you are a taxpayer, the 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.

GENERAL DATA PROTECTION REGULATION. PCaSO is committed to protecting your personal information, and will not share your membership details with any other organisation. So that we may contact you using the details you have provided, regarding PCaSO or other related information and activities that we believe may be of interest to you, **please tick this Consent box.**
Our full Privacy Policy can be found on our website www.pcaso.org. You may opt-out at any time by email to dpo@pcaso.org or by writing to us at PCaSO Data Protection, PO Box 66, Emsworth, Hampshire PO10 7ZP.

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:

Your Bank and Branch name:

Sort Code: — — Account Number:

Recipient's name: Account No:

Recipient's Bank & Branch:

Payment amount: £ Frequency: Start Date:

Ref: Your Signature: Date: