RSI Action...

Application for Individual Membership (voting membership)

Office Use Only
Received…./…./……..
Actioned …./…./……..
Ref. ………………..

The rights of an Individual Member
*(in accordance with **RSI Action** governing documents)*
- (a) to receive newsletters from the Charity;
- (b) to access information that the Charity publishes in support of its Objects;
- (c) to be invited to attend and vote at general meetings.

The obligations of an Individual Member
*(in accordance with **RSI Action** governing documents)*
- (a) to vote in the interests of the Charity, and not for any private interest they may have;
- (b) to abide by decisions undertaken fairly and within the rules of the Charity;
- (c) to contribute £1 towards the payment of the debts and liabilities of the Charity if it is dissolved.

Name ……………………………………………..………………………….

Address ……………………………………………………………………..…

……………………………………………..………………………….

County …………………….……………Postcode……..…………………

Tel (land line preferred) ………..……….…….……….……….

Mobile (opt) ………………………………..………….…….……..

E-mail ………………………………..………………..…….…

I suffer from an RSI condition :☐ of * Diffuse RSI / Carpal Tunnel Syndrome / Tensynovitis / don't know / other …………………….

for : * less than 1 year / 1 to 3 years / 3 to 10 years / more than 10 years / now fully recovered

I am a health professional ……………………… : ☐ * GP / consultant / therapist / nurse / other ……………………..………………...

I have relevant work place responsibilities …… : ☐ * OH / HR / line management / H&S / trade union / other ……………….………

I have other professional interest in RSI ……… : ☐ * Lawyer / advocate / charity / local authority / other ……………...……………

I would like to offer my time and/or skills to assist ***RSI Action*** charitable work.

(Please indicate): * trustee / administration / financial / fundraising / voluntary sector / medical / legal / project / other *(please add details below)*

……………………..……………………………………………..…………………………………………………..……………..

GIFT AID IT!

Please complete this declaration (tick the box) to enable RSI Action to claim from the Inland Revenue, an additional 28p for every pound of your subscription and donations.

I would like to gift aid all my subscriptions and donations to RSI Action from 4 February 2006 until further notice. ☐

Remember to notify us if you no longer pay an amount of income tax and/or capital gains tax equal to the tax we reclaim on your donations.

I accept the above rights and obligations of an individual member ………. *Signed*

I pay the Individual Membership fee by * cheque / cash / standing order

£15 (£5 unwaged) £…………..

donation £…………..

Total **£…………..**

Date

** Delete as appropriate.* *The above information will only be used by the charity **RSI Action** in support of its Objects.*

Standing Order Form

(Do not separate, please send complete form to RSI Action, PO Box 173, Royston, Herts, SG8 0WT)

To (bank name) ……………………..…… (branch) ……………………………………………………..…………………….

sort code ☐☐–☐☐–☐☐ Account number ☐☐☐☐☐☐☐☐ Account name ☐

Please pay ***RSI Action*** the sum of £ ☐☐☐☐–☐☐ every year, starting on *(dd/mm/yyyy)* *(1st day of next month)* ☐☐–☐☐–☐☐☐☐

Signed ……………………………………………………

Information for bank only.
*Account name: **RSI Action** Account number: 41384562*
Bank: HSBC Bank Plc, 12 Melbourn Street, Royston, Herts, SG8 7BT. Sort Code 40-39-22

Payment Ref. *Membership no.* *Member name* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐