

B DFA MEMBERSHIP APPLICATION/RENEWAL FORM

Please supply the following details so we can ensure our records are accurate and up-to-date:

New member* Member renewal* (please indicate*)

Family/Surname:	First Name(s):	Title:
House and Street/Organisation:	Town/City:	Postcode:
Contact telephone number:	Contact email:	

Are you a: Parent Carer/Friend of family/Relative (please indicate relationship) _____

Professional (Area of work: Social Care Health Care Education Research).

Job Title:	Key words of area of expertise:
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In order that we can provide the appropriate support, if applicable, please could you let us know the following details about your child or children/young person affected by Batten Disease:

Name(s)	Date of birth	Date of diagnosis	Batten Disease type: Infantile/Late Infantile/Juvenile/Adult
All these details are held confidential to the BDFA.			

We will send you our BDFA membership pack. So that we can include in it information relevant to you could you tell us:

- Would you like us to contact you as part of our family/professional support referral procedure? Yes No
 - Would you prefer to just contact us as and when you feel you need support? Yes No
 - Would you like to be in our family contact directory?
(this is a list available only to other families so they can contact each other for support) Yes No
 - Would you like to be included in our email news group list?
(a list for members to receive breaking news and other information of interest) Yes No
 - Would you like to receive information on the Batten Disease Professional Interest Group? Yes No
- Member already

So we know how we are reaching families and professionals and why they join us please could you tell us:

How you found out about the BDFA: Personal contact Website News report BDFA leaflet Info Sheet Other _____

What is your main reason for becoming a member of our Association? _____

I wish to become a member of the Batten Disease Family Association and enclose a cheque/have made arrangements through Standing Order/PAYE for payment of £10 for the annual membership subscription.

Signature..... **Date**.....

The Batten Disease Family Association complies with the Data Protection Act 1998 which regulates our processing of information and provision of services. Your details will be added to our confidential database. It would be helpful if you could inform us of any change of address or other details. You may inform us at any time if you do not wish to receive mailings from us about our activities and events.

INFORMATION ON METHODS OF PAYMENT

Please make cheques payable to the BDFA and post to BDFA c/o Heather House, Heather Drive, Tadley, Hants RG26 4QR. If you are a UK taxpayer, we may be able to reclaim tax on your membership subscription if you fill in your details and sign the declaration below:

gift aid it I, Title Forename(s) Family/Surname

would like the **Batten Disease Family Association** (Registered Charity No. 1084908) to treat all donations that I make on or after 6 April 2000, until I notify you otherwise, as gift aid donations.

Signature..... **Date**.....

NB: you should expect to pay at least as much income tax and/or capital gains tax this year as the BDFA will be reclaiming on your donation(s) (currently 28p for each £1 given).

If you would like to set up a regular payment to cover your membership subscription and make a further contribution to our funds, the most tax efficient methods to use to do this are either setting up a Standing Order with your bank or through Payroll Giving (GAYE) via your employer. Simple forms to help you set these up are downloadable from our website www.bdfa-uk.org.uk or please contact us to assist you in doing this, 0115 965 4815 or email: bdfa.info@btinternet.com