

Bromley,
Lewisham &
Greenwich



Membership Application Form

I am applying for:

Individual Annual Membership

Individual Life Membership

Charity/Voluntary Organisation Membership

Private Company Membership

I want to become a member of Bromley, Lewisham & Greenwich Mind because:

(please tick as many as apply)

I have directly benefited from the mental health services

A friend or relative has benefitted from the mental health services

I have directly benefited from MindCare Dementia Services

A friend or relative has benefited from MindCare Dementia Services

I have a particular interest in mental health

I have a particular interest in dementia

I am a volunteer for Bromley, Lewisham & Greenwich Mind

I am a former member of staff for Bromley, Lewisham & Greenwich Mind

I would like to get involved in helping as a volunteer

I am interested in becoming a Trustee

Other (please state below)

Title:

First Name:

Last Name:

Address:

Postcode:

Telephone:

Email:

Payment

I enclose payment of £

Cheque

Cash

Standing Order

BACS transfer

Gift Aid Declaration

If you tick below, Her Majesty's Inland Revenue & Customs (HMRC) will add an additional 25% to your subscription, for the benefit of Bromley, Lewisham & Greenwich Mind, at no cost to you.

I would like Bromley, Lewisham & Greenwich Mind to treat my membership subscription, and any future subscriptions and donations, as a gift aid donation. 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 that all membership applications are subject to approval by the Board of Trustees.

I understand that information given here is confidential and will not be shared with anyone outside of Bromley, Lewisham & Greenwich Mind without my permission.

As per Memorandum and Articles of Association, I understand that, as a member, I will pay up to £1 in the event of Bromley, Lewisham & Greenwich being closed and wound up.

I support the values and aims of Bromley, Lewisham & Greenwich Mind.

Print Name:

Signature:

Date:

Please return this completed form to:

Membership Secretary
Bromley, Lewisham & Greenwich Mind
5 Station Road
Orpington
Kent
BR6 0RZ

email@blgmind.org.uk

Sign up to the Bromley, Lewisham & Greenwich Mind newsletter at:

www.blgmind.org.uk/newsletter/

Bromley,
Lewisham &
Greenwich



Membership Application Standing Order Form

Member's Bank Name:

Member's Bank Address:

Member's Bank Postcode:

Member's Account No:

Member's Sortcode:

Instructions to Bank

Please make payments, as follows, to the following beneficiary:

Beneficiary Name: Bromley, Lewisham & Greenwich Mind

Beneficiary Sortcode: 40-09-25

Beneficiary Account No: 01381288

£ per year until further notice,

Quoting reference number (to be inserted by Bromley, Lewisham &
Greenwich Mind)

Starting on:

(please insert start date, leaving at least one month from today's date)

Your signature:

Print name:

Date:

Please return this completed form to your bank.