

Revival - Wiltshire RASAC PO Box 4157, Trowbridge Wiltshire BA14 4AW General Administration: 01225 777 562 Counselling Enquiries: 01225 751 568

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APPLICATION FOR INDIVIDUAL MEMBERSHIP REVIVAL – WILTSHIRE RAPE AND SEXUAL ABUSE CENTRE IS A CHARITABLE COMPANY LIMITED BY GUARANTEE

OBJECTS

To promote and protect the mental health of children, young people and adults who have survived rape, sexual abuse or sexual exploitation at any time in their lives, their carers, partners and families, primarily but not exclusively in Wiltshire, through the provision of a counselling, support, information and advice service; and to advance the education of the general public in the prevalence and effects of rape, sexual abuse and sexual exploitation.

TO THE MEMBERSHIP SECRETARY:

I CONFIRM THAT I AM WILLING TO PROMOTE THE OBJECTS OF REVIVAL – WILTSHIRE RAPE AND SEXUAL ABUSE CENTRE

NAME	
ADDRESS	
TELEPHONE	_EMAIL
SIGNATURE	

I UNDERSTAND THERE IS A MEMBERSHIP FEE OF £5 PER ANNUM. I HAVE MADE PAYMENT BY CASH/ONLINE/CHEQUE (DELETE AS APPROPRIATE). I UNDERSTAND THAT IF FOR ANY REASON MY APPLICATION SHOULD BE DECLINED BY THE BOARD OF TRUSTEES OF REVIVAL – WILTSHIRE RAPE AND SEXUAL ABUSE CENTRE THIS PAYMENT WILL BE RETURNED IN FULL.

ONLINE BANK PAYMENT Payee: Revival – Wiltshire RASAC Account No: 00087508 Sort Code: 40-52-40 Payment Reference: Please use the following format: Surname, First initial, Mem (followed by year), eg JonesPMem21

Please Confirm Payment Reference:

CHEQUE PAYMENT Payee: Revival – Wiltshire RASAC

> Revival – Wiltshire RASAC is the operating name of Revival – Wiltshire Rape and Sexual Abuse Centre Registered Office: 30 Circus Mews Bath BA1 2PW Company Limited by Guarantee in England No: 4717912 Registered Charity No: 1102911

I WOULD LIKE TO MAKE A DONATION AND HAVE ENCLOSED £_____ (THIS DOES NOT INCLUDE THE £5 MEMBERSHIP FEE)

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I am a UK Taxpayer and I wish all donations I make from the date of this declaration until I notify you otherwise to be tax-effective under the Gift Aid Scheme.

Signature: ______ Date: ______

You must pay an amount of income or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year. If you pay tax at the higher rate, you can reclaim further relief on your Self Assessment tax return.

MEMBERSHIP AGREED/DECLINED BY THE BOARD OF TRUSTEES ON

SIGNED______ FAY MAXTED, OBE - CHAIR