**

**Membership Form**

Empowering and supporting Independent Living in Kingston upon Thames for over 50 years

If you need any help filling in this form, or require a different format, we’re happy to help.

Phone: 020 8546 9603 Email: [enquiries@kcil.org.uk](mailto:enquiries@kcil.org.uk)

1. **Your details**

Name

Address

Postcode

Contact number

Email

1. **About you** please tick  all that apply to you

I am a disabled person

I am a non-disabled person

I am a parent/carer of a disabled child

I am a paid carer

I am an unpaid carer

I am family/friend of a disabled person

1. **How do you prefer to receive information from us?**

**Newsletter**

Email Plain text email

**Other contact**

Please tick  all that apply

Email Plain text email

Phone

Easy read

Large print

1. **Get involved**

I would like to get more involved in KCIL (we will get in touch with you)

**Membership charge:**

Individual member **£12 (inc VAT)**

KCIL is a registered charity and we would welcome any **additional donations** to help fund future projects and support KCIL’s ongoing work. If you wish to make a donation, kindly make any cheques payable to KCIL Ltd. Alternatively, can pay by Direct Debit or Faster Payments through your bank. Our bank details are: KCIL Ltd; A/c Number 44794231; Sort code 60-60-02

**Donation amount: £**………………

In order to Gift Aid your donation, you must tick the boxes and fill in your information below

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

I want to Gift Aid my donation of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and a) any donations I make in the future or b) have made in the past 4 years to Kingston Centre for Independent Living (Registered Charity Number 1123063)

You may delete a) and/or b) if appropriate

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.

In order for the charity to claim Gift Aid on your donation, you must fill in your details below:

Title \_\_\_\_\_

First name or initial(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please notify the charity if you:

want to cancel this declaration ∙ change your name or home address ∙ no longer pay sufficient tax on your income and/or capital gain

**Basic Terms of Membership**

* Membership is not transferable.
* The liability of members is limited. In the unlikely event that KCIL Ltd. closes, members promise to pay up to £10 each while they are a member or if this occurs within 12 months of them ceasing to be a member.
* Membership is open to individuals or organisations who apply to the charity.
* The Directors must keep a register of names and addresses of members.\*
* Members must not present themselves as spokespersons for KCIL under any circumstances, without express prior agreement from the CEO.
* Membership does not give members the right to use KCIL’s name to promote their work or personal objectives by implying in any way that KCIL approves or supports their projects or initiatives.
* By applying for membership, you agree to membership conditions. Breaking any of these conditions may lead to KCIL’s Board reviewing, and possibly terminating your membership.
* The Board is entitled at its discretion to accept or refuse any application to membership.

**Full rules for KCIL Ltd (Memorandum & Articles of Association) including membership information can be requested by contacting KCIL office.**

**Declaration**

“I apply to become a member of Kingston Centre for Independent Living, a company limited by guarantee number 06240260, and agree to be bound by its Memorandum and Articles of Association and any rules made under these. I support the aims of KCIL and I understand the conditions of membership.”

□ **I consent for my data to be processed for the purpose of administering my membership and for providing membership services (tick the box)**.

**Your signature:**……………………………………….………………. **Date**…………………

KCIL will hold and process all information concerning you as an individual strictly in accordance with its Data Protection and confidentiality policies and the General Data Protection Regs.2016. Such data will be used by KCIL to administer our relationship with you and to provide you with information about our activities and for related purposes. We will not, without your consent, supply your name and address to any third party except where such a transfer is a necessary part of the activities that we undertake, or we are required to do so by the operation of the law.

Should you wish to withdraw that consent at any time, or to obtain a description of the data we hold on you, please write to: KCIL at enquiries@kcil.org.uk

**Please return your membership form to –**

**Joanne Stafferton**

**Kingston Centre for Independent Living,**

**River Reach,**

**31-35 High Street,**

**Kingston upon Thames,**

**KT1 1LF**

**Equalities Monitoring**

We are a charity and are required to provide certain Diversity and Inclusion information for our funding. We will never pass your personal details, such as your name and address, to third parties – all the information below is aggregated and anonymised and supplied only as statistical data to our funders. The following questions are voluntary; you do not have to answer them if you do not wish to.

If you do wish to complete this part of the form, please return with your membership form.

**A. Impairment/Disability**

The Disability Discrimination Act 1995 defines you as disabled if you have a physical, sensory or mental impairment that has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities. KCIL supports a self-defining definition of disability and believes you are disabled if you consider yourself to be disabled.

## If you consider yourself to be disabled, can you give us more information?

## Please tick  all that apply:

|  |  |
| --- | --- |
| Blind or partially sighted | Deaf or hearing impairment |
| Learning difficulties | Mental health service user or survivor |
| Mobility impairment (not wheelchair user) | Mobility impairment (wheelchair user)  Neurodiverse |
| N ‘Hidden’ impairment (e.g. asthma, HIV/AIDS, epilepsy, cancer) | Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I prefer not to give information about my impairment/disability |  |

## B. Ethnic Origin

Please indicate how you prefer to describe your ethnic origin by placing a tick in the box that describes your ethnic origin, **or write in** the description that applies to you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White British |  | White Irish |  | Any Other White.  Please specify: |  |
| Traveller of Irish heritage |  | Gypsy/Roma |  | Chinese |  |
| White & Black Caribbean |  | White & Black African |  | White & Asian |  |
| Pakistani |  | Indian |  | Any Other Mixed background.  Please specify: |  |
| Bangladeshi |  | Tamil |  | Any Other Asian background. Please specify: |  |
| Black Caribbean |  | Black African |  | Any Other Black background. Please specify: |  |
| South Korean |  | North Korean |  | Any Other Ethnic Group. Please specify: |  |

**C: Gender**

|  |  |  |  |
| --- | --- | --- | --- |
| Man |  | Woman |  |
| Intersex |  | Non-binary |  |
| Prefer not to say |  | If you prefer to use your own term, please specify here  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**D: Age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16-24 |  | 15-29 |  | 30-34 |  |
| 35-39 |  | 40-44 |  | 45-49 |  |
| 50-54 |  | 55-59 |  | 60-64 |  |
| 65+ |  | Prefer not to say |  |  |  |

**Thank You! This information will be really helpful in our work.**

Kingston Centre for Independent Living: company no: 06240260, registered charity number: 1123063

River Reach, 31-35 High Street, Kingston upon Thames, KT1 1LF