

# 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 ..... Tel (land line preferred) .....

Address ..... Mobile (opt) .....

County ..... Postcode..... 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 25p for every pound of your subscription and donations.

I would like to gift aid all my subscriptions and donations to RSI Action 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)	£.....	Date
donation	£.....	
<b>Total</b>	<b>£.....</b>	

\* 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, 19 Station Road, Steeple Morden, Royston, Herts. SG8 0NW)*

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

sort code -- Account number  Account name

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

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

Membership no.      Member name

Payment Ref.