

# Skipton & Craven Action for Disability

Membership Application



2017



46-48 Newmarket Street, Skipton, North Yorkshire. BD23 2JB

# Skipton & Craven Action for Disability

## Membership Application Form



Thank you for joining Skipton & Craven Action for Disability (S.C.A.D). Our main membership are those for whom a physical or other disability means that their ability to get about is reduced. You do not have to be registered disabled to be a member of S.C.A.D. We also welcome other family and friends as members, either to act as a carer / escort or as a general supporter of our aims and objectives.

### Member 1 Details

Full name	<input type="text" value="(Mr / Mrs / Miss/ Ms / Other)"/>		
Address (including postcode)	<input type="text"/>		
Home telephone	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>	Date of birth	<input type="text"/>
<b>Mobility problems</b>			
Please can you tell us (briefly) what your mobility problems are? Please also let us know if you have any medical conditions or medications which could affect you whilst traveling with us.		<input type="text"/>	
Are you registered disabled? If 'Yes' please provide a copy registration documents	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you regularly use a wheelchair?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to transfer from a wheelchair to a bus/ car seat?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you need a carer / escort to travel with you – other than a driver? <i>Please note: our drivers are always willing to help and give light assistance to and from vehicles, but they are not able to lift or carry passengers. If you need this level of assistance, you much provide your own carer, whom we will carry at half price.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I do not have mobility problems, but I would like to join to:			YES <input type="checkbox"/>
<ul style="list-style-type: none"><li>act as a carer for another member*</li><li>as a supporter of S.C.A.D's aims and objectives*</li></ul>			*please delete as applicable

### Member 1 emergency contact

Name & Address	<input type="text"/>		
Home telephone	<input type="text"/>	Mobile	<input type="text"/>
Relationship to individual?	<input type="text"/>		

**Member 2 (must be at the same address – please do not use this form for a member at a different address)**

Full name	<input type="text" value="(Mr / Mrs / Miss/ Ms / Other)"/>		
Home telephone	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		Date of birth <input type="text"/>
<b>Mobility problems</b>			
Please can you tell us (briefly) what your mobility problems are? Please also let us know if you have any medical conditions or medications which could affect you whilst traveling with us.		<input type="text"/>	
Are you registered disabled? If 'Yes', please provide copy registration documents		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you regularly use a wheelchair?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to transfer from a wheelchair to a bus/ car seat?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you need a carer / escort to travel with you – other than a driver? <i>Please note: our drivers are always willing to help and give light assistance to and from vehicles, but they are not able to lift or carry passengers. If you need this level of assistance, you must provide your own carer, whom we will carry at half price.</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
I do not have mobility problems, but I would like to join to:		YES <input type="checkbox"/>	
<ul style="list-style-type: none"> <li>act as a carer for another member*</li> <li>as a supporter of S.C.A.D's aims and objectives*</li> </ul>		*please delete as applicable	

**Member 2 emergency contact**

Name & Address	<input type="text"/>		
Home telephone	<input type="text"/>	Mobile	<input type="text"/>
Relationship to individual?	<input type="text"/>		

**Our services**

Please would you indicate which of our services you are interested in?

**There is a small charge for all forms of transport provided by the charity**

	Member 1	Member 2
Dial-a-ride (transport to medical appointments, shopping etc)	<input type="checkbox"/>	<input type="checkbox"/>
Activity groups (some of these are full and have a waiting list – please check with us)	<input type="checkbox"/>	<input type="checkbox"/>
Organised day trips throughout the year	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE TURN OVER**

## Apply for membership of S.C.A.D

### Subscription rates

£9.50 single annual membership subscription (for Member 1), **plus** £5.00 annual membership subscription for Member 2 who must be living at the same address – a total of £14.50 for two members.

Membership subscriptions are due on the 1<sup>st</sup> January each year and the subscription will be the same for new members joining during the year. Your membership fee pays for the financing of the postage, photocopying etc. of the Charity's regular newsletter.

### Gift Aid



Most people are eligible to gift aid their membership subscriptions and other donations. If you get a state or private pension, or pay any sort of tax on savings or earnings, then you are eligible. If you are able to gift aid to us, we are able to reclaim additional money from HM Government, all of which goes to supporting our transport services.

### Membership and Gift aid declaration

Please Note: the Charity's Memorandum of Association states 'Every member of the Charity undertakes to contribute such amount as may be required (not exceeding £10) to the Charity's assets if it should be wound up while he or she is a member of within one year after he or she ceases to be a member'

#### Member 1

Yes, please register me as a member of S.C.A.D.  
Yes, I would like S.C.A.D to reclaim the tax on this and any other eligible donations / membership subscriptions that I may make in the future or have made in the past 4 years. I understand that I need to pay enough Income Tax or Capital Gains in each tax year to cover the Gift Aid claimed on all my donations otherwise it is my responsibility to pay any difference. \* Please delete this if you do not wish to Gift Aid or are unable to do so.

Signed (Member 1)

Dated

#### Member 2

Yes, please register me as a member of S.C.A.D.  
Yes, I would like S.C.A.D to reclaim the tax on this and any other eligible donations / membership subscriptions that I may make in the future or have made in the past 4 years. I understand that I need to pay enough Income Tax or Capital Gains in each tax year to cover the Gift Aid claimed on all my donations otherwise it is my responsibility to pay any difference. \* Please delete this if you do not wish to Gift Aid or are unable to do so.

Signed (Member 2)

Dated

### Payment

We are happy to accept cash or cheques in payment for subscriptions. Please make cheques payable to S.C.A.D and return to:- 46-48 Newmarket Street, Skipton, North Yorkshire. BD23 2JB

**Skipton & Craven Action for Disability is a registered charitable company.**

Charity No. 1092511 Company No. 04210523

Tel:- 01756 701005 Fax:- 07156796033

Email:- [info@scad.eclipse.co.uk](mailto:info@scad.eclipse.co.uk), [www.scad.org.uk](http://www.scad.org.uk)