

Membership Application Form 2020-21

How we use your personal data

The personal data you provide to Bedford House Community Association will be used for administration purposes relating to processing your membership and class enrolments, to updating our member database and to process Gift Aid where relevant. The data will also be used to contact you to let you know of any changes to classes such as temporary cancellations, updates to your membership, informing you of the charity's news and events, and occasionally to ask your view on Bedford House activities. Bedford House mainly keeps in contact with members via email. Please see our Data Protection Policy and Privacy Notice, both available from our website www.Bedfordhouse.org.uk. By signing this form, you consent to Bedford House using your personal data in accordance with our policy.

Member Details – Please write clearly

| | | | |
|---------------------|----------|----------|--|
| First Name | | | |
| Surname | | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| Town and Postcode | Town | Postcode | |
| Email | | | |
| Landline and Mobile | Landline | Mobile | |

I would like to apply for the following membership, tick box as appropriate:

| | | | |
|---------------------------|------------------------------------------------------------|-----|--------------------------|
| Annual | - 1 September 2020 to 31 August 2021 | £12 | <input type="checkbox"/> |
| Day | - One off events such as workshops, events, and space hire | £1 | <input type="checkbox"/> |
| Summer | - 1 st April to 31 August 2021 | £6 | <input type="checkbox"/> |
| VOLUNTARY DONATION | | £ | <input type="checkbox"/> |

Gift Aid – The charity will reclaim 25p of tax on every £1 that I donate or pay in membership fees

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <p>If I have ticked the box headed 'Gift Aid? v', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity Bedford House Community Association Reg 1178692 to reclaim tax on the membership fee detailed above, and on any additional donations. I understand that if I pay less Income Tax or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given</p> | Gift Aid (please tick) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|

| | | | |
|-----------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------|
| SIGNATURE | | DATE | |
| PAYMENT METHOD: BACS Please tick as relevant | PAYMENT METHOD: CARD Please tick as relevant | PAYMENT METHOD: CHEQUE Please tick as relevant | PAYMENT METHOD: CASH Please tick as relevant |

PLEASE TURN OVER for page 2

OFFICE USE ONLY

| | | | |
|-----------------|-------------------|------------------|-----------------|
| Receipt Number: | Amount Paid: £ | Gift Aid Status: | Membership No.: |
|-----------------|-------------------|------------------|-----------------|

Additional Information Required

BHCA is a charity providing Adult Education, re-established in 2018 it has a history going back to 1946 and has been based at Bedford House in Buckhurst Hill since 1950. Bedford House is an independent and self-sustainable organisation that aims to provide courses and services at low cost to its members. Bedford House therefore relies on support from members by providing the information as requested below.

Member Demographics and Support

We would like to better support our members by tailored activities and to fundraise for member specific aids and courses. To do this we need to evidence certain membership demographics

Disability

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Please tick the box if you consider yourself to have a disability or learning difficulty. Please contact the administration office in the first instance to discuss any specific requirements you may have. The office will then liaise with the tutor/s on the courses you have signed up for. | I consider myself to have a disability or learning difficulty (please tick): |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

Physical Activity Readiness

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If you are starting a new physical activity with Bedford House please consider if you need to consult with your doctor prior to starting to ensure it is safe for you to become physically active at this current time and in your current state of health. You should in particular check with your doctor if you have chest pains when doing/not doing physical activity; you occasionally lose balance, consciousness or are dizzy; have a joint or bone problem that could be made worse by exercise. | I have considered if I need to consult with my doctor prior to starting a new physical activity at Bedford House to ensure it is safe for me to become physically active at this current time. I confirm that I know of no reason why I should not take part in physical activity (please tick to confirm): ____ Emergency Contact Name and mobile number: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Age – Please tick the age band relevant to you. We need to evidence that our members are adults, and specific age information is essential for fundraising purposes.

| Age Band | Tick as relevant | Age Band | Tick as relevant |
|---------------|------------------|---------------|------------------|
| 18 – 24 years | | 41 – 64 years | |
| 25 – 40 years | | 65+ years | |

Photographs - Occasionally we take photographs of class activities to be used in our publicity materials.

| | |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| By ticking the box I give permission for BHCA to use class photographs of me for publicity purposes. | I consent to using photographs of me for publicity materials (please tick): |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

How long have you known about BHCA?

I am new to the BHCA YES / NO or I have been a member of BHCA since approx. year _____

If you are a new BHCA member, how did you hear about us? (please tick)

| How did you hear about BHCA | Tick as relevant | How did you hear about BHCA | Tick as relevant |
|-----------------------------|------------------|------------------------------|------------------|
| Word of Mouth / Friend | | Social Media | |
| Internet | | Public Listing and which one | |

Ethnicity – Please tick one option only

| | | | | | | | | |
|--------------------------------------------------------|--|------------------------------------------------------|--|----------------------------------------------------|--|------------------------------------------|--|--------------------------------------------|
| White: British | | White: Irish | | White: Gypsy or Irish Traveller | | White: Other | | |
| Mixed/Multiple Ethnic Group: White and Black Caribbean | | Mixed/Multiple ethnic group: White and Black African | | Mixed/Multiple ethnic group: White and Asian | | Mixed/Multiple ethnic group: Other Mixed | | I would rather not say. |
| Asian/Asian British: Indian | | Asian/Asian British: Pakistani | | Asian/Asian British: Bangladeshi | | Asian/Asian British: Chinese | | Asian/Asian British: Other Asian |
| Black/African/Caribbean/Black British: African | | Black/African/Caribbean/Black British: Caribbean | | Black/African/Caribbean/Black British: Other Black | | Other Ethnic Group: Arab | | Other ethnic group: Any Other Ethnic Group |