



MEMBERSHIP FORM

Name:* _____

Address: _____

_____ POSTCODE: _____

Telephone Numbers: _____

Email address: _____

Membership Type: Full Diving Membership Associate Membership

Diving qualification: _____

Date Applied : _____

Signed: _____ Date: _____

*I consent to Dive Ability Limited storing and processing my personal data, as understood by the Data Protection Act 1998

Dive Ability Limited confirms that your data will not be passed onto any third parties and that data processing will be only be used in furtherance of its charitable objects. You have the right to request that your personal details are removed. Dive Ability Limited is the Data Controller and Data Processor. Dive Ability Limited confirms that data shall be processed fairly and lawfully and only as required to fulfil the Charity objectives.

Dive Ability Limited is a private company limited by guarantee incorporated in England and Wales with registered number 07693605. Registered Office at 420-424 Ewell Road, Surbiton, Surrey, KT6 7EH. Charity Commission of England and Wales (Registered Charity No. 1143653)



ANNUAL FEES AND DONATION:

Full Diving Membership: £ _____

Associate Membership: £ _____

GIFT AID DECLARATION : DONATIONS

Under the Government's Gift Aid Scheme, if you are a UK taxpayer, Dive Ability will receive an extra quarter on all donations you make. For example, if you give £10.00 to Dive Ability and you Gift Aid your donation, we will receive £2.50 from the Inland Revenue at no extra cost to you.

To enable us to claim this please tick the box if you are a UK taxpayer and wish us to reclaim the tax paid on your donation.*

I confirm I am a UK taxpayer and I agree to any donations I make to Dive Ability to be considered as Gift Aid donations.

Signed: _____

Name: _____ Date: _____

*Please note that you must pay an amount of UK income tax or capital gains tax equivalent at least equal to the amount that we reclaim in any tax year.

** If you pay tax at the higher rate (40%), we can still reclaim 25p in every £1.00 donated. You can also reclaim an extra 25p in every £1.00 yourself, on your annual tax return, upon which there is an option (if you choose) to pass the amount reclaimed back to the charity.



I, hereby confirm that I have read and understood:-

- The Memorandum & Articles of Association of Dive Ability and the Members Agreement and agree to be bound by the same.
- That upon joining the Company as a member, that I will liable to provide a sum of £10.00, if called upon in full settlement of my obligations as a member of a company limited by guarantee.
- That by signing this form I have agreed to subscribe to the Memorandum & Articles of Association of Dive Ability, subject to approval by the Directors and entry onto the Register of Members.
- That by signing this form I hereby confirm that I have read and understood the Dive Ability Safeguarding Policy and agree to be bound by it at all times and to permit Dive Ability to undertake an Enhanced CRB check if I am a volunteer.
- That by signing this form I hereby agree to signing the CRB Self Declaration as required for all members under the Dive Ability Safe Guarding Policy.
- That by signing this form I hereby confirm that I have read and understood the Dive Ability Manual Handling Policy and agree to be bound by it at all times and to permit Dive Ability to undertake an assessment and to retain these personal details on file.
- That by signing this form I have read and understood the Dive Ability policies in effect at the time of my membership, as may be amended from time to time.

Dive Ability Limited hereby confirms that you will receive a response within 21 working days notifying you of your acceptance or rejection as a member of the company, and if successful, your entry on to the Register of Members.

Signed: _____

Name: _____

Date: _____



STANDING ORDER MANDATE

YOUR BANK DETAILS:-

To: _____ **Bank/Building Society**

Address: _____

Postcode: _____

Please make the payments detailed below and debit my/our:-

Account Number to be debited : _____

Sort Code : _____

Name of Account to be debited : _____

OUR BANK DETAILS:-

Reference number to be quoted : SUP01
Name of Payee : Dive Ability Limited
Address of Payee : 420-424 Ewell Road, Tolworth, Surrey, KT6 7EH
Bank and branch to which payment: HSBC, 46 High Street, Marlow, Bucks, SL7 1AT
Account Number : 41474928
Bank Sort Code : 40-32-19

*I wish to donate to Dive Ability Limited £ _____
Monthly /quarterly /annually (Delete as appropriate)*

I wish my donation to be made on the 3rd/10th/20th/25th day of the month

*I would like my first donation to be made during the month of _____
(Please choose a start date at least one month from now)*

Payments are to continue until you receive further notice in writing.
This instruction cancels any previous order in favour of the Payee named above under this reference. **(All account holders must sign below please)**

Signed: _____ Date: _____