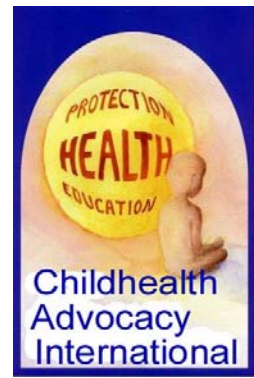


Application for Membership of CAI (Childhealth Advocacy International)



www.caiuk.org

Yes, I want to join CAI and receive regular reports on the progress of the charity's work

Title.....Name.....

Current or previous medical or healthcare related position ?.....

Address

E-mail address.....

Telephone.....

I would like to set up a **Bankers Order**

- For an Annual Membership of £40 per year
- For a Reduced Rate Membership of £20 per year
(Students, Retired and Unwaged)

To the Manager (Name and address of your bank)

Please credit CAI Acc no. 65033384 Branch No 08-92-50 with the sum

.....(in words) £.....(in figures)

Debiting my account number

Bank Sort Code

on ____/____/____(date)
or immediately on receipt of this order, whichever is the latest date

and thereafter each Month Year

Signature.....

OR I enclose a cheque for £.....
(Please make cheques payable to "CAI")

OR I want to pay by VISA or MASTERCARD

Card number

Expiry date...../...../.....Issue Number.....Date of Issue...../...../.....

Amount (in writing).....Amount (figures)£.....

Signature.....



GIFT AID You can make this gift go even further if you are a UK taxpayer. Simply sign the declaration below and we can claim a further 28%.

I am a UK taxpayer, resident of the UK for tax purposes and that I will advise CAI if this situation changes. I understand that I must be paying an amount of Income Tax or Capital Gains Tax in the relevant year equal to any tax reclaimed by CAI.

Yes I am eligible for Gift Aid
Signature :

(Further notes available on request)

Please return this form to:
CAI
Conway Chambers
83 Derby Road
Nottingham NG1 5BB UK

Or to join over the telephone
call 0115 9506662

