



Membership Form

ASNA (Supporter), Suite W-05, Windrush Innovation Centre, Howbery Park, Wallingford, OXON, OX10 8BA
info@asna.info | www.asna.info

What are the benefits of becoming a member of ASNA?

- Discount prices to all ASNA organised events;
- Regular ASNA newsletters;
- Updates on ASNA programme and projects;
- An opportunity to support the work of the charity;
- Mutual support, education and invitations to social activities.

Please complete this form IN BLOCK LETTERS or by computer and send to [ASNA \(Membership\), Suite W-05, Windrush Innovation Centre, Howbery Park, Wallingford, OXON, OX10 8BA](#) or send by email to info@asna.info. Please let us know if you require this form in an alternative format.

1. Membership details	
FULL NAME	
FULL ADDRESS	
COUNTY	
POST CODE	
TELEPHONE (INC. AREA CODE)	
MOBILE NUMBER	
EMAIL ADDRESS	
DENOMINATION OR CHURCH NAME	
WHAT CHURCH DO YOU ATTEND?	
IF YOU FOUND US AT A CONFERENCE, PLEASE STATE WHICH ONE	

Please make all checks payable to ASNA
 Data Protection Act: please note that the above information
 will be kept on computer file and used solely for ASNA purposes
ASNA is a Registered Charity Number 1100447

2. About Your Membership - A			
DO YOU OR ANYBODY IN YOUR FAMILY HAVE A SPECIAL NEED OR DISABILITY?	YES		<i>PLEASE GIVE DETAILS</i>
	NO		<i>PLEASE SEE SECTION 4</i>
ARE YOU THE PERSON WITH A DISABILITY?	YES		
	NO		<i>PLEASE GO TO SECTION 3</i>
WHAT IS YOUR DATE OF BIRTH?			
WHAT IS THE NATURE OF YOUR DISABILITY?			
3. About Your Membership - B			
ARE YOU THE CARER OF THE PERSON WITH A DISABILITY?	YES		<i>PLEASE GIVE DETAILS</i>
	NO		<i>PLEASE GO TO SECTION 4</i>
NAME OF PERSON WITH A DISABILITY			
THEIR RELATIONSHIP TO YOU (E.G. SON, MOTHER ETC)			
WHAT IS THEIR DATE OF BIRTH?			
WHAT IS THE NATURE OF THEIR DISABILITY?			

4. SECTION 4		
ARE YOU A PROFESSIONAL WORKING IN SPECIAL NEEDS / DISABILITY AREA?	YES	PLEASE GIVE DETAILS
	NO	PLEASE GO TO SECTION 5
WHAT IS THE NATURE OF YOUR WORK? (PLEASE IDENTIFY AREA AND SKILLS)		
5. SECTION 5		
PLEASE TELL US YOUR REASON FOR WANTING TO JOINING ASNA		
PLEASE TICK OR CROSS A BOX TO TELL US HOW YOU FOUND US	YOUR CHURCH	
	A CONFERENCE	
	LEAFLET	
	WORD OF MOUTH	
	INTERNET	
	OTHER (PLEASE STATE)	
<ul style="list-style-type: none"> MEMBERSHIP FEES - (LAST UPDATED SEPTEMBER 2009) 		
<p>MEMBERSHIP FEES ARE AS FOLLOWS;</p> <ul style="list-style-type: none"> £5.00 - INDIVIDUAL MEMBERSHIP OVER 16 YEARS £0 - FREE - CHILDREN 16 YEARS AND UNDER PLEASE USE THE ADDRESS OR EMAIL ABOVE TO ENQUIRE ABOUT GROUP/CHURCH MEMBERSHIP. 		

I ENCLOSE MY MEMBERSHIP FEE OF		£	
I ENCLOSE AN OPTIONAL DONATION OF :		£	
Total Enclosed			£
Signed		Date	

<p>GIFT AID. PLEASE TICK HERE IF YOU WOULD LIKE ASNA TO RECLAIM THE TAX YOU HAVE PAID ON ALL THE DONATIONS YOU HAVE MADE SINCE 6 APRIL 2000 AND ANY FUTURE DONATIONS YOU MAY MAKE. IN ORDER FOR ASNA TO RECLAIM THE TAX YOU HAVE PAID ON YOUR DONATION(S) YOU MUST HAVE PAID UK INCOME OR CAPITAL GAINS TAX EQUAL TO THE TAX THAT WILL BE RECLAIMED.</p>	<input type="checkbox"/>
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FOR ADMINISTRATION ONLY	
MEMBERSHIP NO	
SUB PAID	
DONATION PAIDSTANDING ORDER	
GIFT AID	
ACK LETTER SENT	