



## Sleep Apnoea Trust Association Membership Form

*Title:*

*First Name:*

*Last Name:*

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*Address:*

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*Post Code:*

*Telephone:*

*Email address:*

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*Clinic:*

*Complaint:*

*CPAP User since:*

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Please enrol me as a member of the Sleep Apnoea Trust Association  
Annual subscription £15 (or £5 in cases of hardship)

£

Please supply me with a Medical Alert Card at £5

£

I would like to make a donation to the Sleep Apnoea Trust

£

I enclose a cheque / PO (payable to **Sleep Apnoea Trust**) in the sum of

£

### **Gift Aid**

The government supports charities by allowing us to reclaim tax you have paid on income donated to charity. Your subscription is a donation to the Sleep Apnoea Trust (Registered Charity No. 1056963).

To take part in the Gift Aid scheme you must pay an amount of Income Tax or Capital Gains tax equal to the tax we reclaim on your donations (currently 25p for every £1 you give).

### **If you pay income tax please sign the following statement:**

*I want the Charity to treat all donations I have made in the six fiscal years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.*

<i>Signature</i>	<i>Date</i>
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**If you do not pay tax please tick.....**

**Please return to:**

**SATA  
PO Box 60  
Chinnor,  
Oxon  
OX39 4XE**