



SLEEP APNOEA TRUST ASSOCIATION POSTAL MEMBERSHIP FORM

Title:	First Name:	Last name:	
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Address:

Postcode:	Telephone:	Email address:
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Clinic:	Complaint:	CPAP User Since:
	Obstructive Sleep Apnoea (OSA) <input type="checkbox"/> Central Sleep Apnoea (CSA) <input type="checkbox"/> Nocturnal Hypoventilation (NH) <input type="checkbox"/>	

Please enrol me as a member of the Sleep Apnoea Trust Association. Annual subscription £20 (or £10 in cases of supported membership) NB. A medical alert card is provided to all new members free of charge.	£
I would like to make a donation to the Sleep Apnoea Trust	£
By Post – Please enclose a cheque/PO payable to the Sleep Apnoea Trust <u>OR</u> Direct Bank Transfer - A/c Name: Sleep Apnoea Trust \ A/c No: 83589805 \ Sort Code: 60-11-01 (NB: Please quote surname and postcode as the payment reference for our administration)	TOTAL £

NB: If you wish to apply and pay on line, please visit our website and choose the **Join SATA/Buy MA Card/Medical Equipment Tag** button

www.sleep-apnoea-trust.org

Gift Aid

The government supports charities by allowing us to reclaim tax you have paid on income donated to the 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 at least equal to the tax we reclaim on your donations (currently 25p for every £1 you donate).

If you pay income tax and or capital gains 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 this form to: Chris Rogers, Managing Secretary, SATA, Downland View, Broadbush, Blunsdon, Swindon, Wilts, SN26 7D