



Application For Membership (Please use block capitals)

Title (Mr/Mrs/Ms/Miss/etc.)	Type of Membership (please tick only one type)		
First Name(s)	 Individual Membership 	£5.00	
Last Name Address	Under 18 Membership	£2.00	
	 Household Membership Other members of household 	£8.00	
Postcode			
E-mail	· · · · · · · · · · · · · · · · · · ·		
Would you like to be a FORCE volunteer?			
How did you hear about FORCE?	Organisation Membership	£10.00	
	Name of Organisation		
	Role within Organisation		
	I enclose my subscription of	£	_
	Optional donation of	£	_
giftaid it	TOTAL	£	_
By ticking this box ☐ I declare that I would like FORCE to	Please make cheques payable to FORCE and send, with a Stamped Self Addressed Envelope(SSAE), to:		
reclaim tax on any qualifying payments I make from the date of this declaration until I notify otherwise.	Membership Secretary, FORCE 89 Third Cross Road, TWICKENHAM, TW2 5DY		
I confirm that I pay UK Income Tax or Capital Gains Tax at least equal to the tax that FORCE will reclaim in the tax	Tel: 020 8893 3503	j	
year.	Please remember to enclose you with your applicatio		nd SSAE
Date:/	FORCE will NOT pass your personal details to any other person or organisation		