

THE ASSOCIATION OF RADICAL MIDWIVES

Email: ikargar@tiscali.co.uk www.midwifery.org.uk Reg.Charity 1060525

MEMBERSHIP APPLICATION FORM

You may join ARM at any time of the year. The annual fee covers 4 issues of **MIDWIFERY MATTERS**, starting with the most recent. Members are entitled to reduced entrance fee, (and partial refund of travel expenses on application to the Treasurer) when attending the quarterly National Meetings.

NAME & ADDRESS (please use Block Capitals): _____

_____ Postcode: **(required)** _____ Tel. _____

MIDWIFE: (Please circle where relevant): Community Manager Hospital Research Team Not Practising Tutor Independent Retired

STUDENT MIDWIFE: Course ends: Month _____ Year _____

NON-MIDWIFE: (Occupation) _____

Is this your first subscription to ARM? Yes No (please circle)

If 'No' please give your previous surname & address if these details have changed

SUBSCRIPTION: UK and Europe: £30 p.a. Other countries (airmail): £35 p.a. (UK£ only please)

Optional concession, UK only (unwaged, grant-aided students, etc.): £12.50 p.a.

Please make cheque/P.O. payable to A.R.M. Send to **ARM Membership, 62 Greetby Hill, Ormskirk, L39 2DT**

(If you are paying by Standing Order, please fill in both sections, and send the whole form to me, thank you.

IMPORTANT —If you use online banking, please also complete and send me the form below.

This acts as a back-up copy for my files, in case of problems with your bank's transfer system.

THE ASSOCIATION OF RADICAL MIDWIVES ANNUAL SUBSCRIPTION STANDING ORDER FORM

To: (Full Name and address of your Bank/Building Society) : _____

_____ Postcode **(required)** _____

Please pay £_____ on _____(day) _____(month) _____(year)

and on the same day **ANNUALLY** thereafter until further notice to:

THE ASSOCIATION OF RADICAL MIDWIVES (A.R.M.)

Account No. 20776831, Barclays Bank Plc (20 35 84), P.O. Box 14, HALIFAX, HX1 1BG

and debit my account, No. _____

PLEASE CANCEL ALL PREVIOUS ORDERS IN FAVOUR OF A.R.M

Signed _____ Date _____

My name & address _____

_____ Postcode _____

As ARM is a registered charity we invite you to 'Gift Aid' your membership fee, at no cost to yourself. Please turn over for more information and a declaration form.

giftaid it

GIFT AID DECLARATION

THE ASSOCIATION OF RADICAL MIDWIVES Registered Charity No. 1060525

I want **The Association of Radical Midwives** to treat my membership fee as a Gift Aid Donation.

Forename: _____ Surname: _____

Address: _____

Post Code: _____

Date: _____ Signature: _____

Important:

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year (currently 28p for each £1 you give).

Notes:

1. You can cancel this Declaration at any time by notifying the charity
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity claims, you can cancel your declaration.
3. If you pay tax at a higher rate you can claim further tax relief in your Self Assessment return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity. Or, refer to help sheet IR65 on the HMRC website (www.hmrc.gov.uk)
5. Please notify the charity if you change your name or address