

**Application for Annual Membership**

**(Organisation)**

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| **1. Name of Organisation** |
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| 2. Your Contact Details (please include all details) |
| Name |  |
| Job title |  |
| Phone |  |
| e-mail |  |
| **Address** |  |
|  |
|  |
| **Postcode** |  |
| **Website**  |  |
| **Please give a brief description of your organisation:**  |
| **3. About your organisation** |
| **What type of organisation are you? (Disabled People’s Organisations *only*, please go to Section 5):**  | Charity |  | Social enterprise |  |
| Public body  |  | Commercial organisation |  | Trade union |  | Education institution |  |
| Disabled People’s Organisation  |  |  |
| Other (please specify) |  |
|  |
| **Do you provide any support to individuals around personal budgets and personal health budgets?** |
| Yes | No |
| **Registration numbers (Please complete where applicable)** |
| Charity Number |  |
| Company Number |  |
| Industrial and Provident Society Number |  |
| **Please complete this question if you are a listed charity** |
| **Where is your charity registered?** | England and Wales |
| Scotland  | Northern Ireland |
| **Please state your last known annual income.**  |  |
| **Number of branches** |  |
| **Number of affiliated members (if you are interested in membership for your affiliates, the charge will be £75 per affiliate – Please contact us for further details).**  |  |
| **4. Additional Information** |
| **Where did you find out about Disability Rights UK?** |
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| **What influenced your application for membership?** |
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| **5. Application from a Disabled People’s Organisation - Board/Membership Composition and Your Voting Rights****Disability Rights UK is an organisation led by disabled people that is controlled by its disabled members. To help us gain a greater understanding of your organisation and it’s values, please answer the following questions:**  |
| a) Does your organisation’s constitution stipulate that your Board must comprise not less than 51% disabled people?  | yes |  | no |  |
| b) If yes, is your Board comprised of 75% disabled people? | yes |  | no |  |
| c) If no, is your Board comprised of 51% disabled people but committed to having 75% within three years | yes |  | no |  |
| If you have answered ‘yes’ to questions a) and b); or a) and c), you will have voting rights  |
| d) Are you a membership organisation? | yes |  | no |  |
| e) If yes, is your membership comprised of 75% organisations led by disabled people and/or disabled people? | yes |  | no |  |
| How many members do you have? |  |
| **Data Protection:** Information provided on any part of this form will not be disclosed to a third party within the terms of the Data Protection Act 1998. Information about your organisation collected and held by Disability Rights UK, its employees and agents will not be shown, sold, exchanged, transferred or given to any other organisation or individual for any reason whatsoever. **Can we hold your information on our database? Yes □ No □** |
|  |
| **Are you happy for us to list your organisation’s details on our website? Yes □ No □** |
|  |
| **Declaration** |
| See Annual Membership Benefits and Fees for Member’s Declaration (Annexe1) |
| I confirm that I have read the Member’s Declaration and agree to abide by it (please tick) **□** |
| Organisation: |
| Named contact for membership: |
| Email for our publications, etc. to be sent to: |
| Date: |
| Please complete and return your application form to the Membership and Board Manager at members@disabilityrightsuk.org, or post to; Disability Rights UK, Plexal, 14 East Bay Lane, Here East, QE Olympic Park, Stratford, LONDON, E20 3BS. Tel; 0330 995 0400. |

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| **Payment Information** |
| **1. □ I/we enclose a cheque/postal order made payable to Disability Rights UK** |
| **2. □ I/we will pay by online bank transfer or BACS** |
| Please notify us (quoting ‘member’ followed by your name or organisation), and make the payment to:Unity Trust BankSort Code: 60 – 83 – 01 Account No: 20257794 VAT Number: 127 8804 92 |
| **3. □ I/we will pay by credit/debit card** (enter details below) |
| □ VISA □ MASTERCARD □DELTA□ SWITCH |
| Credit/debit card No: |
| Expiry Date: | Security Code 3 digits on back of card |
| Security code. (3 digits on back of card) |
| 4. □ Please invoice us |
| Purchase order No (if applicable): |
| Billing address (if different from above): |
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| **Donations** |
| I would like to make a one-off donation: |
| I am a UK tax payer and eligible for Gift Aid (please tick) □ |
| **To set up a regular donation please visit** [**www.justgiving.co.uk/disabilityrightsuk**](http://www.justgiving.co.uk/disabilityrightsuk) |
|  | Postcode:  |
| If you have any questions about payment options, please contact the Membership and Board Manager at members@disabilityrightsuk.org, phone on 0330 995 0400, or write to; Disability Rights UK, Plexal, 14 East Bay Lane, Here East, QE Olympic Park, Stratford, LONDON, E20 3BS. |