

MEMBERSHIP FORM

Please complete the form below to become a member of the Child Growth Foundation or to make a donation. Membership of the CGF is for adults with a growth condition and parents or family members (e.g. grandparents) of children with a growth condition, as well as for anyone undergoing tests or awaiting a diagnosis. Membership automatically makes you, and your immediate family, members of the appropriate condition group. For Gift Aid purposes, if you are a UK tax payer please give your name as the Principal Member, so that we can claim Gift Aid on your payments.

Principal Member name	
Other Family members	
Name of Person with condition	
Diagnosis/Condition	
Date of Birth of Person with the condition	Age of Diagnosis
EMAIL	Telephone number
Address	Postcode
how did you hear about the CGF: through friends/family Facebook word of mouth CGF Website	
THROUGH A DOCTOR/OTHER HEALTH PROFESSIONAL	OTHER
Membership £25* (U.K.) £30 (Overseas)	
I ENCLOSE THE SUM OF £	
cheque payable to: the Child Growth Foundation	
transfer via Metro Bank, sort code: 23-05-80 account number: 24218095	
Ref: surname of principal member	
*Please consider setting up a standing order at the reduced price of £20 to renew your membership automatically each year. This will save you time and help us to reduce our administration costs.	
Reduced cost membership is available if you are in receipt of Income Support. Please contact us for details.	
DONATION	
Please consider making a further donation. By supporting the Foundation you are enabling it to continue to	
support others. I ENCLOSE THE SUM OF £ OR	I HAVE PAID THE SUM OF £
I CONFIRM I HAVE PAID OR WILL PAY AN AMOUNT OF INCOME TAX AND/OR CAPITAL GAINS TAX FOR EACH TAX YEAR (6 APRIL TO 5 APRIL)	
THAT IS AT LEAST EQUAL TO THE AMOUNT OF TAX THAT ALL THE CHARITIES THAT I DONATE TO WILL RECLAIM ON MY GIFTS FOR THAT TAX	
YEAR	
How your data will be used: We will never share your information with any other charity, medical or other company without your prior consent. The information we receive is stored on a secure database and deleted in line with our data protection policy. We would like to send you information including our Newsletter & other relevant information. If you agree to being contacted in this way can you please tick the relevant boxes. Post SMS Phone	
I UNDERSTAND THE INFORMATION ON THIS MEMBERSHIP FORM WILL BE HELD ON THE DATABASE AND I HAVE AGREED TO BE CONTACTED IN THE ABOVE WAY.	
SIGNATURE	
Please return to Jenny Child	Membershin & Parent Support Manager