



# TSA Member Profile

Membership number _____ (to be completed by the TSA)
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Please return this completed form to Diane Sanson at: Tuberous Sclerosis Association, PO Box 12979, Barnt Green, Birmingham B45 5AN England or Fax: 0121 445 6970. *Please do not send it to any other address.* If you have difficulty paying, we can waive your subscription, just call 0121 445 6970.

**Main contact name** \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ postcode \_\_\_\_\_

phone \_\_\_\_\_ mobile \_\_\_\_\_ Email \_\_\_\_\_

Person with TSC  parent/carer  professional  \_\_\_\_\_ (please state) other relative/friend  \_\_\_\_\_ (please state)

**Signature** \_\_\_\_\_ date \_\_\_\_\_

**Family members at the same address** (it helps us if we know your family details)

We need each person's permission to include their details on our database. Parents and carers can sign on behalf of under 18s and those unable to sign for themselves

Name 1. \_\_\_\_\_ TSC  parent/carer  other relative/friend

Signature \_\_\_\_\_ date \_\_\_\_\_ date of birth \_\_\_\_\_

Name 2. \_\_\_\_\_ TSC  parent/carer  other relative/friend

Signature \_\_\_\_\_ date \_\_\_\_\_ date of birth \_\_\_\_\_

Name 3. \_\_\_\_\_ TSC  parent/carer  other relative/friend

Signature \_\_\_\_\_ date \_\_\_\_\_ date of birth \_\_\_\_\_

Name 4. \_\_\_\_\_ TSC  parent/carer  other relative/friend

Signature \_\_\_\_\_ date \_\_\_\_\_ date of birth \_\_\_\_\_

Name 5. \_\_\_\_\_ TSC  parent/carer  other relative/friend

Signature \_\_\_\_\_ date \_\_\_\_\_ date of birth \_\_\_\_\_

**Membership category (please tick box)**

Full membership : £15 a year

New family/individual : Free for the first year

Residential care or supported living : Free

Organisations and professionals: Free

Overseas: £20 a year (individual/family)

I do not wish to renew my membership

**How would you like to receive information?**

**(a) Scan Magazine**  By post  By email  None

Organisations/ Professionals will be asked to subscribe to Scan but it is available to download free at [www.tuberous-sclerosis.org](http://www.tuberous-sclerosis.org)

**(b) Other information**  By post  By email  None

**(c) TSC Research information**  By post  By email  None

Mailings (by email if possible) will be forwarded by the TSA and will only come from known and respected TSC researchers)

**Data Protection**

The TSA is a data controller under the Data Protection Act 1998. The personal data you have provided on this form and through contact with TSA support services staff will be used for administration and for statistical and other purposes connected with the TSA. Your details are not disclosed to third parties for marketing or other purposes not connected with TSC. Technical and organisational measures are taken to prevent unauthorised or unlawful processing or disclosure of information. You may request a copy of any data held on your membership record by writing to the Support Services Co ordinator. The TSA is a company limited by guarantee. On becoming a member, you will have voting rights at General Meetings, and are liable, in the event of the TSA's insolvency, to contribute not more than £1 to its liabilities.





# TSA Member Profile

Membership number \_\_\_\_\_  
(to be completed by the TSA)

## TSA Membership Payment

Name: .....  
Address: .....  
.....  
.....  
Post code: ..... Membership Number:.....  
[to be inserted by TSA]

Membership Year 2010/11:  
\*Subscription (due 1 July 2010) £ \_\_\_\_\_  
\*Supplementary Donation £ \_\_\_\_\_  
Total payment £ \_\_\_\_\_

Payment method:  
 I have completed the Banker's Order form opposite  
 I enclose my cheque payable to the TSA  
 I would like to pay by credit card/switch card (and will contact Diane with my details on 0121 445 6970) – Our apologies, but unfortunately this facility is not available at the moment.

Signed: ..... Date: .....

## Gift Aid Declaration:

I wish the TSA to treat as "Gift Aid" all subscriptions and donations I have paid for the past six years and all present and future such payments until I notify otherwise.

Signed: ..... Date: .....

**Note:** For this declaration to be effective, you must pay UK income tax and/or capital gains tax at least equal to the amount of Gift Aid reclaimable by the TSA (currently 28p for every £1 you give). Please contact us if you cease to meet this requirement.

Dated 9.6.10

Registered Office: Toad Hall, White Rose Lane, Woking, Surrey, GU22 7LB  
Registered in England & Wales No 2900107. Registered Charity No 1039549

## Standing Order/Banker's Order

Please note that standing orders are not available on all accounts. Please check with your bank/building society if in doubt.

To the Manager: .....Bank / Building Society  
Bank address: .....  
.....  
.....  
.....Post Code .....  
Sort Code: ..... Account number: .....

**Please pay to:**  
CAF Bank Ltd., 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ  
Sort Code: **40-52-40**  
For the credit of  
The Tuberous Sclerosis Association  
Account number: **00007047**  
**Quoting Reference:**..... [to be inserted by TSA]

(a) \*The sum of £.....  
(in words..... ) **now;**

**and**  
**annually/quarterly/monthly** thereafter until further notice.

*\*Please complete or delete as appropriate*

Signed: ..... Date: .....  
Name: .....  
Address: .....  
.....  
.....  
Post code: .....

**This instruction replaces any previous order in favour of the Tuberous Sclerosis Association**