

# RENEWAL FORM

Please return cheque and direct debit payments to:  
**NASS, 172 King Street, Hammersmith, London W6 0QU**

## WAYS TO PAY

There are 4 easy ways to pay:

- Online – please go to [www.nass.co.uk](http://www.nass.co.uk).
- Over the telephone – call 020 8741 1515
- By Direct Debit - please complete section C on the reverse of this form and return it to NASS - **note our standard direct debit discounted rate of £22.50.**
- By cheque, postal order or cash – please complete section A on the bottom of this form and return it to NASS with the appropriate payment.

## MEMBERSHIP RATES: *Please tick ✓*

- |  |        |
|--|--------|
| <input type="checkbox"/> UK Standard                     | £25    |
| <input type="checkbox"/> UK Direct Debit Standard        | £22.50 |
| <input type="checkbox"/> UK under 25s                    | £10    |
| <input type="checkbox"/> UK Concession                   | £12    |
| <input type="checkbox"/> Overseas/Overseas Direct Debit* | £35    |
| <input type="checkbox"/> Life Membership                 | £250   |

Donation: \_\_\_\_\_

Total: \_\_\_\_\_

\* Anyone living outside the UK

## Concession Rate Membership

The concessionary rate applies to anyone who is currently claiming only means tested benefits in the UK. The concessionary rate also applies to those only in receipt of UK state pensions and receives no other private pension. If you are currently a Standard rate NASS Member and feel you should be a concession member or for any other questions regarding membership concessions please call Matthew our Membership & Information officer on 020 8741 1515.

*giftaid it*

If you are a UK taxpayer, Gift Aid is a great way to make your membership subscription and any donations you make go further. NASS can receive an extra 25p for every £1 you give through tax relief. Please complete the Gift Aid Declaration overleaf (Section B) if you are able to support NASS in this way.

### Section A: MY DETAILS

If any of your details are incorrect please amend them here.

I have AS

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Twitter: \_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hospital/consultant: \_\_\_\_\_

Date of birth: \_\_/\_\_/\_\_\_\_

Where did you hear about NASS? \_\_\_\_\_

I am a UK tax payer – please complete Section B overleaf

I am not a UK tax payer

**Section B: GIFT AID DECLARATION**

Charity Name: **NATIONAL ANKYLOSING SPONDYLITIS SOCIETY**  
 RCN: 272258 SC: 041347 CAF Ref: FS 1016

Please tick

- Please treat the enclosed gift as a Gift Aid donation; OR
- Please treat all gifts that I have made in the last 4 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.**

I understand that I must pay an amount of income tax and/or capital gains tax in each tax year (6 April one year to 5 April the next) in the UK that is at least equal to the tax that the charity will reclaim on my gift for that tax year (currently 25p for each £1 given). I will notify you if I wish to cancel the declaration, change my name or home address or no longer pay sufficient tax on my income.

Signature: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Tax claimed by the charity:**

- The charity will reclaim 28p of tax on every £1 you give up to 5 April 2008
- The charity will reclaim 25p of tax on every £1 you give on or after 6 April 2008
- The Government will pay to the charity an additional 3p on every £1 you give between 6 April 2008 and 5 April 2011. This transitional relief for the charity does not affect your personal tax position. **If you pay income tax at the higher rate**, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

**Section C: DIRECT DEBIT**

**Instruction to your Bank or Building Society to pay by Direct Debit**

Please send this completed instruction to:

**NASS, 172 King Street, Hammersmith, London, W6 0QU**

Service User No.

CAF, Kings Hill, West Malling, Kent, ME19 4TA

Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms

Address

Postcode

CAF Ref No. **FS 1016**

This is not part of the instruction to your Bank/ Building Society.

Instruction to CAF - date of first payment on or after;

/   /

Bank/Building Society account number

Branch Sort Code

-   -

**Instruction to your Bank or Building Society**

Please pay CAF Re NASS debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with CAF Re NASS and if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank/Building Society

To: The Manager

Address

Postcode

Signature

Date

**The Direct Debit Guarantee**



- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, CharityDonation will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request CharityDonation to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by CharityDonation or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when CharityDonation asks you to
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also send a copy of your letter to us.