

# Membership Form



Please post your completed form to:

SWINDON DOWN'S SYNDROME GROUP, 34 Periwinkle Close, Swindon SN2 2QH

## Your details Please print your details clearly

### Your details

My name is:

### I'm happy to be contacted by post

My address is:

### I'm happy to be contacted by telephone

My telephone number is:

### I'm happy to be contacted by email

My email address is:

Do you have a professional interest in Down's syndrome?  Yes  No

My interest is:

## About the person with Down's syndrome

Please only answer the following questions if you would like to, but it would help us to understand the needs of our members.

First Name:

Names and ages of any other children in the family:

Surname:

Date of Birth:

School / College / Adult  
Service Provider:

## Membership donation

The Swindon Down's Syndrome Group is a registered charity and to help with the running costs we are asking all members to make a voluntary membership donation of £10.00 per family per year.

- Pay by cheque:**  
I enclose a cheque for £..... made out to SWINDON DOWN'S SYNDROME GROUP
- Pay by standing order:** Santander Bank details - Sort code 09-01-54 Account number 76804485.  
I have set up a Standing order for £..... with my bank as set out above.

Signed

Dated

Thank you for completing your preferences. You can update them at any time, or opt out of future communications, by letting us know on 01793 538335 or emailing [secretary@swindondownsgroup.org.uk](mailto:secretary@swindondownsgroup.org.uk)

## Keeping you informed

### Important Notice: The way we manage information about you.

Your privacy is important to us - we have never bought or sold contact details, and we never will. We've sent you this communication as you've kindly supported us in the past. General Data Protection Regulations mean that charities must ask their members for specific information about how and why they would like to be contacted.

This will help us personalise your contact preferences and only send you information and updates that are relevant to you, in the way you want to receive them. To help us update your preferences, please complete the attached form and return to us at **34 Periwinkle Close, Swindon SN2 2QH**.

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## Ethnic origin

Tick one box from the section below to indicate your ethnic group. The categories are as recommended by the Equality and Human Rights Commission. This section is entirely voluntary and will help us to understand and identify the needs of our group members more effectively.

### White

- |                                |                               |  |
|--------------------------------|-------------------------------|--|
| <input type="radio"/> British  | <input type="radio"/> English | <input type="radio"/> Welsh                      |
| <input type="radio"/> Scottish | <input type="radio"/> Irish   | <input type="radio"/> Any other white background |

### Mixed

- |   |  |
|---|--|
| <input type="radio"/> White and Black Caribbean | <input type="radio"/> White and Asian            |
| <input type="radio"/> White and Black African   | <input type="radio"/> Any other mixed background |

### Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

- |                                 |  |
|---------------------------------|--|
| <input type="radio"/> Indian    | <input type="radio"/> Bangladeshi                |
| <input type="radio"/> Pakistani | <input type="radio"/> Any other Asian background |

### Black, Black British, Black English, Black Scottish or Black Welsh

- |                                 |  |
|---------------------------------|--|
| <input type="radio"/> Caribbean | <input type="radio"/> Any other Black background |
| <input type="radio"/> African   |  |

### Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group

- |                               |   |
|-------------------------------|---|
| <input type="radio"/> Chinese | <input type="radio"/> Any other ethnic background |
|-------------------------------|---|

I'd prefer not to say