

SALFORD HEART CARE MEMBERSHIP REGISTRATION FORM

Year: Oct 2024–Sept 2025 Fee: £10.00

| Full Name: | | | |
|--|--|--|--|
| Address: | | | |
| Postcode: | | | |
| Home Tel: M | Mobile Tel: | | |
| E-mail address: | | | |
| Who to contact in | | | |
| an emergency: Name: | Tel No: | | |
| Doctor's Name: | Tel No: | | |
| Date of birth Registered disal | bled (please delete): YES / NO | | |
| KNOWN MEDICAL CONDITIONS (please tick where appropriate): | | | |
| ☐ Had a cardiac event | \square Suffered a stroke or TIA | | |
| \square High blood pressure (or being | ☐ Overweight | | |
| treated for high blood pressure) | ☐ High cholesterol | | |
| ☐ Diabetic (Type 1 or 2) | ☐ Mental health/depression | | |
| ☐ Respiratory condition (COPD/Asthma) | \square Diagnosed with dementia | | |
| \square Cancer patient (or history of cancer) | \square Carer for family member/friend | | |
| ☐ Other medical conditions | | | |
| I accept and understand that my participation in any exercise, activity or social event run by or on behalf of Salford Heart Care is entirely voluntary and at my own risk, and any injury or illness sustained as a result of such participation shall be deemed to be my own responsibility. | | | |
| Signature: | Date: / / | | |

This information will be added to Salford Heart Care's database & will **only** be used for membership, monitoring & evaluation purposes. The information remains **private & confidential** & **will not** be shared with any outside sources.

Registered Charity No: 1136710 Company Limited by Guarantee No: 7204528
Registered Office: c/o The Egan Project, 19 Green Lane Eccles M30 0RP Tel No. 0161 707 7402
email address: admin@salfordheartcare.co.uk website: www.salfordheartcare.co.uk
£10 annual subscriptions contribute to production of newsletters, printing, postage, stationery & insurance costs

IF YOU ARE A TAX PAYER, PLEASE COMPLETE THE FORM OVERLEAF

CHARITY GIFT AID DECLARATION (SINGLE DONATION) SALFORD HEART CARE 2024-2025 (for tax payers only)

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by Salford Heart Care from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

| In order to Gift Aid your donation you must tick the box below: | | |
|---|--------------------------|---|
| I want to Gift | Aid my donation of £ | to Salford Heart Care |
| | • • | me Tax and/or Capital Gains Tax in the by donations it is my responsibility to pay |
| My Details | | |
| Title | First name or initial(s) | |
| Surname | | |
| Full Home address | | |
| | | |
| Postcode | Date | |

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

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email address: admin@salfordheartcare.co.uk website: www.salfordheartcare.co.uk