



REGISTRATION FORM

**Bradbury Centre
36 Victoria Drive
Bognor Regis
West Sussex
PO21 2TE
Tel: 01243 828555
enquiries@4sight.org.uk**

Please fully complete and return this form to the above address or to your local 4Sight Vision Support Centre. By completing this form you will become a member. Should you require any assistance in completing the form please contact us.

Title		Surname		
First Name			Preferred Name	
Address				
Post Code			D.O.B	
Telephone				
Mobile				
Email				
Ethnicity			Gender	
Newsletter Format	Large Print		Email	
	CD		USB	
	Braille		Not Required	
Preferred Method of contact	Telephone		Email	Letter

Emergency Contact Details

Name		Relationship to you	
Telephone Number(s)			

Donations

Under the Gift Aid Scheme, the taxman will add an extra 25p for every £1 you donate and this does not affect your personal tax arrangements in any way. To make your gift worth more, simply tick the box below to indicate you have read the Gift Aid declaration. Please print details clearly.

I am a UK taxpayer and I would like 4Sight Vision Support to treat all donations I make with Gift Aid. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Data Protection—In accordance with Data Protection Regulations 4Sight Vision Support must ask for your consent to:

I agree to 4Sight Vision Support storing my personal information.

YES

NO

I confirm that I wish to receive information on 4Sight Vision Support

Ser-

YES

vices.

NO

Everything you tell 4Sight Vision Support will be treated confidentially. Your information will be stored securely and your information will never be shared with any commercial business. Sometimes we may need to

Signed	Date
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For Office Use Only Referral Route: