

TAG APPLICATION FOR MEMBERSHIP

Registered charity number 1108733
Affiliated to the ACC AF 198



Declaration: I wish to become a member of the Trauma and Abuse Group. I understand that whilst I do not have to be actively involved in the work of TAG there may be opportunities for me to do so. I accept that there are responsibilities, as well as benefits, of membership. I support the objects of the Trauma and Abuse Group Charitable Trust namely:

‘The advancement of education in the field of trauma and abuse recovery by the provision of training for therapists and by the collation and dissemination of relevant information/research to professionals, volunteers, or those recovering from such trauma and/or abuse.’

As a member I will not act intentionally to undermine TAG’s work or its reputation and will behave appropriately when taking advantage of membership benefits with due care for myself and others.

Signed _____ Date _____

Essential Contact Details

Title ___ First Name(s) _____ Surname _____

Home Address – a home address is required for identification purposes though you may use a work address for mailing, email and phone contact:

_____ Postcode _____

Email _____ Phone _____

Postal Address - if different from above

_____ Postcode _____

Email _____ Phone _____

To help us tailor the information we send to you please indicate your area(s) of involvement / interest: Counsellor, Carer, Survivor, Clergy, Pastoral Worker, Doctor, Psychologist, Psychotherapist, other details:

Membership benefits and fees

The membership year runs from the 1st April until the 31st March of the following year. Membership confers discounts at TAG Training Events and Conferences. Newsletters are distributed bi-annually in March and October. There is also an optional contact list (see overleaf). Individual membership £10 per year; Joint membership (2 adults sharing same postal address) £15 per

I enclose £ _____ for the membership year 1st April 20__ to 31st March 20__

Please also circle or delete as appropriate:

I pay income tax in the UK / I do not pay income tax in the UK

I would like / I would not like / to Gift Aid my membership subscription

I would like to pay by Standing Order in future, please send me a form

Please send this completed form to:

TAG, P.O. BOX 3295, SWINDON, WILTSHIRE, SN2 9ED

For further information on Gift Aid and details of the Optional Contact List please see page 2

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INFORMATION ON GIFT AID GIVING

The Government encourages giving to charity through its Gift Aid arrangements. The Trauma and Abuse Group can reclaim tax on gifts when the donor has made a simple Gift Aid Declaration. The donor must be a UK taxpayer paying income tax and/or capital gains tax at least equal to the amount of tax that the Trauma and Abuse Group reclaims on the gift.

The Declaration covers gifts made in any form – standing order, cheque or cash – so long as they can be identified as made by you. The Declaration can cover either a single gift or all gifts until further notice. You can cancel the Gift Aid Declaration at any time by notifying the Trauma and Abuse Treasurer. It will then not apply to any gifts you make on or after the date of cancellation or any later date you specify.

If your circumstances change and you no longer pay tax on your income and/or capital gains equal to the tax that the Trauma and Abuse Group reclaims you must cancel or reduce your declaration by notifying the Treasurer. Otherwise you will become liable for the tax inappropriately recovered by The Trauma and Abuse Group.

If you are a higher rate taxpayer you can claim higher tax relief in your Inland Revenue Self Assessment tax return. If you change your name and address while the Gift Aid Declaration is still in force please notify the Trauma and Abuse Treasurer.

If you are unsure whether your donations qualify for Gift Aid tax relief or you have other questions please ask the Trauma and Abuse Group Treasurer. You can also obtain Inland Revenue leaflet IR113 *Gift Aid* from your tax office. Registered charity number 1108733

OPTIONAL CONTACT LIST

As an organisation we aim to facilitate mutual support and encouragement amongst the membership as well as those with a particular area of interest, for example survivors, carers, counsellors and so on.

For this to be safe and helpful for all concerned it is vital that members have their own support systems in place i.e. therapy, supervision, professional registration and so on, as appropriate.

The onus is on each member to consider and take care of his or her own safety and well-being.

Members may simply include their name, county and an e-mail address and / or phone number. We are extending the Contact list to **optionally** include organisational details and website links to related organisations whose objectives are congruent with those of TAG. The Trustees reserve the right to omit any information from the Contact List, which they consider may be unhelpful to any member. The Contact List will only be sent out to those members who give their own contact details for inclusion on the list.

The presence of an organisation's details on the Contact List does not mean that the Trustees have assessed and approved that organisation and each individual needs to use their own judgement.

I would like the following entry to be made on the TAG Contact List and consent to it being distributed to other TAG Members on the contact list. I understand that this list is CONFIDENTIAL and I must NOT disclose any of the contents to any third party without the consent of the member(s) concerned.

Title ___ First Name(s) _____ Surname _____

Telephone _____ and / or e-mail _____

Organisation _____ website _____

Position held / qualifications / training (e.g. volunteer / psychotherapist / supervisor / trainee counsellor)

Signed _____ Date _____

Please return along with page 1 to: TAG, P.O. BOX 3295, SWINDON, WILTSHIRE, SN2 9ED