



## APPLICATION FOR FULL MEMBERSHIP ADULT OR CHILD ~ 1<sup>st</sup> May – 30<sup>th</sup> April

### I wish to apply for Full Membership of PINNT

Title: Mr/Mrs/Miss/Master/other: \_\_\_\_\_ Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

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

Postcode: \_\_\_\_\_ Tel No: \_\_\_\_\_

Email address:

TYPE OF TREATMENT: (Please tick those applicable)

INTRAVENOUS  NASO GASTRIC  GASTROSTOMY  JEJUNOSTOMY

Date of birth: \_\_\_\_\_ Date nutrition therapy commenced: \_\_\_\_\_

Hospital(s) attended for your artificial nutrition therapy: \_\_\_\_\_

Name of consultant: \_\_\_\_\_

Condition(s) necessitating treatment: \_\_\_\_\_

Would you be willing to act as a contact for fellow PINNT members: YES [ ] NO [ ]

If I write an article for the Online magazine I am happy for it to be used on the website: YES [ ] NO [ ]

Full Membership of PINNT is £ 5.00

Donations will be gratefully received £ \_\_\_\_\_

Total £ \_\_\_\_\_

**Payments can be made to PINNT via a Standing Order. Please see enclosed form. A membership form must be completed and sent to the Membership Secretary. Please tick here if you have set up a Standing Order**

**Gift Aid Declaration:** I am a UK taxpayer and declare that I would like PINNT to reclaim the tax on the following donation(s):

This donation of £ \_\_\_\_\_

This donation of £ \_\_\_\_\_ and all future donations I make until further notice.

1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that PINNT reclaims on your donations in the current tax year (currently 28p for each £1 you donate).
2. You can cancel this Declaration at any time by notifying PINNT.
3. If in the future your circumstances change and you no longer pay tax on your income and/or capital gains tax equal to the tax that PINNT reclaims you must cancel your declaration (see note 1).
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask PINNT.
5. Please notify PINNT if you change your name or address.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yyyy)

If signing on behalf of a child (parent/guardian) please print your name: \_\_\_\_\_

PINNT is a registered Data Controller as defined under the Data Protection Act 1998. Data will be managed according to the governing law. We draw your attention to the fact that PINNT use electronic forms of data storage. If you require information on our retention policy please contact PINNT.

**Please complete and return together with your subscription, payable to 'PINNT', along with any donation to:**

**PINNT – Membership Secretary, 58 Knockhall Road, Greenhithe, Kent DA9 9HF  
www.pinnt.co.uk**