

# Membership Form

## YOUR DETAILS

Please complete in BLOCK CAPITALS

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Postcode: \_\_\_\_\_

## PERSONAL INTEREST

To help us serve and properly represent our members, please tell us about your interest in mental illness.

Client/User  Carer  Family member  Professional  Other (please specify): \_\_\_\_\_

## ETHNIC ORIGIN

White  Black  Asian  Other (please specify): \_\_\_\_\_

## ADDITIONAL MEMBERS

You can add up to three adult members from your household onto this membership at no additional charge. Please fill in their details below.

	Client/User	Carer	Family member	Professional	Other (please specify):
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## SUBSCRIPTION DETAILS

You can pay by cheque/postal order, credit/debit card or standing order. Membership is from £1 (it costs Hafal £15 in administration per member each year so please give what you can)

My subscription will be: £1  £5  £15  £25  £50  Other £: \_\_\_\_\_

Please indicate how you wish to pay by choosing one of the following methods:

I enclose a **cheque/postal order** (payable to Hafal):

or

I would like to pay by **debit/credit card** (delete as applicable): Mastercard/Visa/Visa Delta/Switch  
 Card Number: \_\_\_\_\_  
 Expiry Date: .... /.... /.... Issue Date: .... /.... /.... Issue Number (Switch only): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

or

I would like to set up a **standing order** to Hafal's account (number: 65106017, sort code: 08-90-85 at the Co-operative Bank, plc):  
 Bank name: \_\_\_\_\_ Branch Address: \_\_\_\_\_  
 Starting date: .... /.... /.... Account number: \_\_\_\_\_  
 Sort Code: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Would you like us to claim Gift Aid on your donation?** (I understand that to qualify for Gift Aid, what I pay in income tax or capital gains tax must at least equal the amount the charity will claim in the tax year – 28p for every £1 donated.)  
 Yes  No



# Ffurflen Aelodaeth

## EICH MANYLION

Llenwch y ffurflen mewn LLYTHRENAU BRAS

Teitl: \_\_\_\_\_ Enw: \_\_\_\_\_ Cyfenw: \_\_\_\_\_  
 Rhif Ffôn \_\_\_\_\_ Cyfeiriad: \_\_\_\_\_  
 Cyfeiriad E-bost: \_\_\_\_\_  
 Dyddiad Geni: \_\_\_\_\_ Cod Post \_\_\_\_\_

## DIDORDEB PERSONOL

Er mwyn ein helpu i wasanaethu a chynrychioli'n haelodau'n briodol, dywedwch wrthym am eich diddordeb mewn afiechyd meddwl.

Cleient/ Defnyddiwr	Gofalwr	Aelod o'r teulu	Gweithiwr Proffesiynol	Arall (nodwch os gwelwch yn dda):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## TARDDIAD ETHNIG

Gwyn	<input type="checkbox"/>	Du	<input type="checkbox"/>	Asiaidd	<input type="checkbox"/>	Arall (nodwch os gwelwch yn dda):
						_____

## AELODAU YCHWANEGOL

Gallwch ychwanegu hyd at dri oedolyn o'ch cartref at yr aelodaeth yma am ddim cost ychwanegol. Nodwch eu manylion isod.

	Cleient/ Defnyddiwr	Gofalwr	Aelod o'r teulu	Gweithiwr Proffesiynol	Arall (nodwch os gwelwch yn dda):
Enw: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enw: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enw: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## MANYLION TANYSGRIFIO

Gallwch dalu drwy siec/archeb post, cerdyn credyd/debyd neu archeb sefydlog. Mae aelodaeth yn cychwyn o £1 (mae'r costau gweinyddol i Hafal yn £15 yr aelod, bob blwyddyn, felly rhowch faint bynnag y gallwch chi).

Bydd fy nhansgrifiad i am swm o: £1  £5  £15  £25  £50  Arall £: \_\_\_\_\_

Nodwch sut yr hoffech chi dalu drwy ddewis un o'r dulliau canlynol:

**Naill ai** Rwy'n amgáu **siec/archeb bost** (yn daladwy i Hafal):

**neu**

Hoffwn dalu â **cheryd debyd/credyd** (dilëir fel bo'n briodol): Mastercard/Visa/Visa Delta/Switch

Rhif Cerdyn: \_\_\_\_\_

Dyddiad Gorffen: .... /.... /.... Dyddiad Dechrau .... /.... /.... Rhif y Cerdyn (Switch yn unig): \_\_\_\_\_

Llofnod: \_\_\_\_\_ Argraffwch eich enw: \_\_\_\_\_

**neu**

Hoffwn sefydlu **archeb sefydlog** i gyfrif Hafal (rhif: 65106017, cod didoli: 08-09-85 ym manc y Co-operative Bank Plc):

Enw'r Banc: \_\_\_\_\_ Cyfeiriad y gangen: \_\_\_\_\_

Dyddiad Cychwyn: .... /.... /.... Rhif y Cyfrif: \_\_\_\_\_

Cod Didoli: \_\_\_\_\_ Llofnod: \_\_\_\_\_ Argraffu Enw: \_\_\_\_\_

**Hoffech chi hawlio Rhodd o Gymorth ar eich cyfraniad?** (Deallaf fod yn rhaid i'r swm rwyf yn ei dalu mewn treth incwm neu dreth enillion cyfalaf fod o leiaf yn gyfartal â'r swm y bydd yr elusen yn ei hawlio yn y flwyddyn dreth - 28c am bob £1 a gyfrannir - er mwyn bod yn gymwys am Rodd o Gymorth. Gweler y wybodaeth aelodaeth)

Hoffwn  Na hoffwn