SALFORD HEART CARE
MEMBERSHIP REGISTRATION FORM
Year: Oct 2026–Sept 2027 Fee: £10.00

Full Name: ……

Address:……

…… **Postcode:**……

Home Tel:…… **Mobile Tel:**……

E-mail address: ……**Date of birth:**……

Who to contact in an emergency: Name: ……**Tel No:** ……

Doctor's Name: ……**Tel No:** ……

KNOWN MEDICAL CONDITIONS (please tick where appropriate):

- ☐ Had a cardiac event
- ☐ Suffered a stroke or TIA
- ☐ High blood pressure (or being treated for high blood pressure)
- ☐ Overweight
- ☐ High cholesterol
- ☐ Diabetic (Type 1 or 2)
- ☐ Mental health/depression
- ☐ Respiratory condition (COPD/Asthma)
- ☐ Diagnosed with dementia
- ☐ Cancer patient (or history of cancer)
- ☐ Carer for family member/friend
- ☐ Registered disabled
- ☐ Other……

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.

Membership Terms: Membership may be revoked or cancelled at the discretion of Salford Heart Care if a member fails to adhere to the club's rules, policies, or expected standards of behaviour. This includes conduct that may compromise the wellbeing, safety, or enjoyment of other members or staff.

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 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 2026-2027 (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 <u>you must tick the box below</u>:

☐ **I want to Gift Aid my donation of £_____ to Salford Heart Care**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

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.

Salford Heart Care
Registered Charity No: 1136710
Tel No. 0161 707 7402
email address: admin@salfordheartcare.co.uk
website: www.salfordheartcare.co.uk