

Set up a yearly payment by Direct Debit

I would like to make a payment of: £15 or £15, plus an extra gift of £

Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:



Arthritis Action
One Upperton Gardens
Eastbourne
East Sussex BN21 2AA

Service User Number

Account Holder(s) Name & Address

Name

Address

Postcode

Email

Name(s) of Account Holder(s)

Branch Sort Code

Instruction to your Bank or Building Society

Please pay PSL re Arthritis Action Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with PSL re Arthritis Action and, if so, details will be passed electronically to my Bank/Building Society.

Bank/Building Society account number

Name & full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Signature(s)

Date

Reference

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DD11

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit PSL re Arthritis Action will notify you five (5) working days in advance of your account being debited or as otherwise agreed. If you request PSL re Arthritis Action to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by PSL re Arthritis Action or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when PSL re Arthritis Action asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

This guarantee can also be found at the Arthritis Action website at www.arthritisaction.org.uk

Please return this form in an envelope addressed:

ARTHRITIS ACTION
FREEPOST SEA 9165
EASTBOURNE, BN21 2ZW

No need to put a stamp on, it will reach us! If, however, you wish to donate to our administrative fees, you are welcome to put a stamp on.

THANK YOU FOR YOUR SUPPORT

56 Buckingham Gate, 2nd Floor, London, SW1E 6AE
T:020 3781 7120 E:info@arthritisaction.org.uk W:www.arthritisaction.org.uk



Membership



Our vision
is for people
to live active
lives, free from
the impact of
arthritis.

Living with
arthritis?
Join us today



Our vision

Arthritis Action's vision is for people to live active lives, free from the impact of arthritis.

Our aim is to empower people with arthritis to take control of their lives, manage their condition, and reduce the need for medical intervention. We do this, primarily, by offering a membership to support people living with arthritis.

We are here to help. Arthritis Action gives each Member access to physical therapies in their local area, alongside advice about healthy eating, weight management and exercise. Our healthcare professionals work hand-in-hand with our Members to develop a self-management plan that suits them.

Become part of the Arthritis Action community and enjoy the advice, support and friendship of others actively using self-management. You can start or join one of our Groups which provide opportunities to reduce isolation, share experiences and tips of living with arthritis. Please get in touch to find out how self-management can help you.

Our Members can enjoy:

- Access to our website's dedicated Members' Area, which includes exercise information and nutritional advice
- Receiving Arthritis Action's twice-yearly magazine
- Joining our local Groups
- Attending our Self-Management Events

For Members who have been diagnosed with arthritis:

- Free nutritional consultations with our registered dietitian on a one-to-one basis
- Two subsidised physical therapy sessions with our Associated Practitioners per membership year

For more information please visit our website:
www.arthritisaction.org.uk

This offer can change without notice. Terms and conditions apply.

FOR PSL re Arthritis Action OFFICIAL USE ONLY. This is not part of the instruction to your Bank or Building Society.
Important – Please complete these details

My details

| | | |
|--|--|----------|
| Title | First name | Surname |
| Address | | |
| | | Postcode |
| Gender | Date of birth | |
| Home Telephone | Mobile | |
| Email address | | |
| Where did you hear about us? | | |
| I am becoming a member of Arthritis Action because: | | |
| <input type="checkbox"/> I have arthritis - What type? _____ | <input type="checkbox"/> I am a carer for someone with arthritis | |
| <input type="checkbox"/> A friend/relative has arthritis | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> I am a health professional | | |

In accordance with the General Data Protection Regulation 2018 we ask that you complete this form so we may process your information in a way that will best help you.

Arthritis Action requires this information to order to give you the best advice and guidance, in relation to your arthritis and membership. All information is treated in the strictest confidence and will not be passed to any third party without your agreement. A copy of our Data Protection Policy is available on request.

I agree that any information I give to Arthritis Action can be held and used for the purpose of helping me with my arthritis; used for the purpose of contacting you regarding your membership; and used for mailing updates, general information, and copies of "Arthritis Action News".

To make sure we send you the information you are interested in, please tick all that apply:

I would like to be contacted by:

- Post E-mail Telephone SMS

May we leave an answerphone message on the numbers you have provided? Yes

To receive news/information about:

- Research Volunteering/Fundraising Special Offers E-mail Newsletter

Signed _____ Date _____

Detach along perforation

Membership

- Annual Member:** £20 per year or £15 if you pay by Direct Debit
 Life Member: £100 one off payment

Ways to pay

- If you would like to pay by **Direct Debit** please complete the form overleaf.
- Alternatively you can pay by **Credit Card** securely online at arthritisaction.org.uk or by phoning: **020 3781 7120** or by completing the form below. We will telephone you for the 3 digit security code.
- If you wish to pay by **cheque** please make it payable to: Arthritis Action, and return this form in an envelope to: Arthritis Action, FREEPOST SEA 9165, EASTBOURNE, BN21 2ZW.

Make a one-off credit card payment

- £20 or £20, plus an extra gift of £ _____
 £100 or £100, plus an extra gift of £ _____

Please charge my: Visa Mastercard

Name on card _____

Cardholder's signature _____ Date _____

Card No. _____

Start date _____ Expiry date _____ Issue no. (Maestro only) _____

Yes, I am happy for all gifts of money that I have made to Arthritis Action, past, present and future to be treated as Gift Aid donations. *giftaid it*

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.

please turn over ↩