

## ***Application for Full membership***

**This application is for Adults or Children that are receiving treatment. If you are not receiving one of the treatments described in the form below, there is an [Associate membership form available here.](#)**

**Please print out the form, complete ALL sections CLEARLY and in BLOCK CAPITALS and then post it to us with any donations to:**

PINNT Membership Secretary, 58 Knockhall Road, Greenhithe, Kent. DA9 9HF

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

Mr/Mrs/Miss/Master/other:

First name(s)

Surname

Company name

Address

Post code

Tel No:

Mobile

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 necessitating treatment:

Would you be willing to act as a contact for fellow PINNT members:

Yes

No

***Full Membership of PINNT is only £5***

**DONATIONS ARE ALSO GRATEFULLY RECEIVED**

I would like to make a donation of £

Please tick here if you require a receipt

**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 £

Please tick here if you would like PINNT to reclaim the tax on 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. 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.

Signature Date    /    /  
(dd/mm/yy)

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

**The Data Protection Act of 1984 requires that we bring your attention to the fact that information declared on this form will be held on a computer and will be used as part of the PINNT membership and mailing list.**

If you would like to find out more about gift aid please see the ['Ways to give section'](#)