



Oxfordshire

Association for the Blind

OAB is a Registered Charity (No: 1140556) and Limited Company (No: 07465300)

Please return your form to:

**Oxfordshire Association
for the Blind**

**Bradbury Lodge,
Gordon Woodward Way,
Oxford, OX1 4XL**

admin@oxeyes.org.uk

01865 725 595

www.oxeyes.org.uk

MEMBERSHIP APPLICATION FORM

Being a member is an ideal way to support Oxfordshire Association for the Blind. As a member you have the right to vote at our AGM, helping to shape the future of our charity.

OUR HELP AND SERVICES ARE **FREE** TO ANYONE WHO NEEDS THEM. Being a member helps us to keep them that way.

YOUR DETAILS

Title: _____ First Name: _____ Last Name: _____

Address: _____

Postcode: _____ Phone: _____

Email: _____

MEMBERSHIP TYPE

Monthly (£1 per month via standing order) £1/month

Annual (£10 per year) £10

Lifetime (A one off payment of £250) £250

I would also like to make a donation of £_____.

Total £_____.

Gift Aid

I would also like to gift aid my membership

(please complete and return a Gift Aid declaration form)

Continues overleaf

PAYMENT

I would like to pay by:

Card *A member of the team can call to take payment over the phone.*

Cheque *Please make cheques payable to OAB and return with your membership form.*

Cash

Standing Order *Please complete and return a standing order form*

KEEPING IN TOUCH

I would like to receive the OAB newsletter in the following format:

Large print Audio memory stick Email

I do not wish to receive the newsletter

I am happy for OAB to hold my details on record

(We do not pass your details on to a third party without your permission.)

I am happy for OAB to contact me about services, information and activities via: (Please tick ALL preferred options)

Telephone Email Letter

I do not wish to be contacted

I am happy for OAB to contact me regarding fundraising appeals, activities and events via: (Please tick ALL preferred options)

Telephone Email Letter

I do not wish to be contacted

To view our privacy policy please go to www.oxeyes.org.uk

Signature: _____ Date: _____