

# **The Vale Community Hospital League of Friends**

## **Membership & Supporter Application Form**

The Vale Community Hospital League of Friends is dedicated to supporting the work of your local community hospital and enhancing the quality of experience for its patients and their carers. If you are interested in joining The League of Friends, or in some way helping its work, please fill in this form. We welcome everybody as members or supporters.

### **INDIVIDUAL MEMBERSHIP**

The League of Friends welcomes individual members and requests a minimum donation of £5 per annum to cover overheads, though additional donations are welcome. Membership fees help the League of Friends to keep you informed of its fund raising events and activities and of how it is helping the hospital. Members have voting powers at members' meetings. To become a member, please complete SECTION A overleaf.

### **GROUP MEMBERSHIP**

The League of Friends is open to families, clubs and organisations for a minimum donation of £10 per annum to cover overheads. We hope that Group Membership will result in more people knowing about and supporting the work of the League of Friends and the hospital. The Group's designated contact will have voting powers at members' meetings. To apply for Group Membership, please complete SECTION B overleaf.

### **SUPPORTER VOLUNTEERS**

Volunteers will have a key part to play in helping the League of Friends and, in some cases, helping the hospital directly. You don't have to be a Member to be a Supporter, so if you just want to help, please fill in only SECTION C overleaf. The League needs volunteers to help with a range of tasks as indicated overleaf. Many of these tasks will assist us in raising funds to ensure that we can assist in the provision of extra facilities as discussed with the hospital manager. Volunteers will be contacted by the League of Friends Volunteer Coordinator, as volunteering opportunities arise.

If you have any suggestions for fund raising, please feel free to continue on a separate sheet, making it clear if it a suggestion or whether you are willing to take responsibility for organizing the fund raising event.

### **MEMBERSHIP AND VOLUNTEERING**

If you would like to be a member and want to volunteer to help with any of the tasks indicated overleaf, please fill in SECTIONS A and C.

**Please return your completed form with your donation made payable to:  
The Vale Community Hospital League of Friends, to Marie Slim, Membership  
Secretary, The Vale Community Hospital League of Friends, Vale Community Hospital,  
Lister Road, Dursley, Gloucestershire, GL11 4BA**

## SECTION A - INDIVIDUAL MEMBERSHIP

Name:			
Home address:			
Telephone:	Landline:		
	Mobile:		
Email: <b>This is our preferred method of communication</b>			
Value of donation enclosed: (Minimum £5)	£	Please tick this box if you would like to pay by standing order	

The League of Friends is able to claim Gift Aid on donations you make providing you are a UK tax payer and we would be pleased if you could complete the declaration below.

<b>Gift Aid Declaration:</b> I am a tax payer and wish all donations I make from this date as Gift Aid until I notify you otherwise	Please cross out as applicable  Yes / No
Signed:	Date:

## SECTION B - GROUP MEMBERSHIP

Name of family/club/organisation:			
Address:			
Contact Telephone:	Landline:		
	Mobile:		
Email: <b>This is our preferred method of communication</b>			
Web Address:			
Briefly describe the aims of your club or organisation			
Value of donation enclosed: (Minimum £10)	£	Please tick this box if you would like to pay by standing order	
Contact Name:			
Signed:	Date:		

## SECTION C - VOLUNTEERS

Name: (If not completing the membership section A):			
Address:			
Telephone:	Landline:		
	Mobile:		
Email: <b>This is our preferred method of communication</b>			
<b>I would like to volunteer for the following (please tick all that apply)</b>			
Preparation of Newsletters & distribution		Selling tickets for Events	
Helping at Fund Raising Events		Help in the Reception area of the hospital*	
Organising/helping at Tea, Coffee mornings		Help on the wards as required*	
Distributing Event publicity			
Other (please state)			
* I understand that I will need CRB checks and training to assist in these areas			