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CENTRE FOR
ARMENIAN INFORMATION
AND ADVICE

'HAYASHEN'
105A MILL HILL ROAD, ACTON
LONDON W 3 8JF

Membership No _____
and end date _____



TELEPHONE: 020 8992 4621
E-MAIL: Info@caia.org.uk
WEBSITE: www.caia.org.uk
 www.facebook.com/Hayashen

MEMBERSHIP FORM

Thank you for your kind and generous support to CAIA over the past year. We appreciate your continued support and membership and kindly request that you renew your membership in order for us to continue providing vital services for the Armenian Community.

ANNUAL MEMBERSHIP FEE / DONATION

Individuals £20 £30 per couple

Please make cheque payable to CAIA. Your membership is for one (1) year unless otherwise indicated or paid by Standing Order below. Please renew within three (3) months of your membership end date to ensure continuity of membership.

Please make any necessary corrections to name & address:

Postcode: _____ Tel: _____
Email: _____
Mobile: _____

To the Manager (Bank/Building Society name and address)
_____ Post Code _____
Until further notice, please pay the Centre for Armenian Information and Advice £ _____
annually and debit my account as from the following date _____
Name _____ Bank Account No. _____ Branch sort code _____
Name of donor _____ Contact telephone number _____
Signature _____ Date _____
(CAIA bank account 71116037; HSBC branch sort code 40-02-13)

Declaration

- By becoming or renewing your membership you agree to CAIA's charitable Aims & Objectives
- By becoming a member, you agree to CAIA processing and storing your personal data in accordance with CAIA's Data Protection and Privacy statement displayed on our website at www.caia.org.uk
- I would like my membership fee and any donations as from this date to be considered as Gift Aid in order to make it worth more to the CAIA Charity. Tick the box if relevant*

*For CAIA to reclaim tax, you must pay an amount of income tax and / or capital gains tax at least equal to the tax that CAIA reclaims on your donation in the tax year. Higher rate tax payers can claim further tax relief in assessment tax returns.

Signed: _____ Print: _____ Date: _____

FOR OFFICE USE ONLY - PHOTOCOPY OF THIS FORM IS NOT ACCEPTED. Membership Approval date _____