



INTEGRATED HEALTH TRUST

PLEASE JOIN THE INTEGRATED HEALTH TRUST TODAY
to help us achieve our important aims

We provide our Associate Members with the benefits of regular e-newsletters, access to the most up-to-date Integrated Medicine information and evidence via the members section of our website, invitations to our events, and the opportunity to network with like-minded people within the Trust. As we grow, we will be able to offer further benefits to you through the products and services we develop.

We are offering three levels of Associate Membership and would invite you to enrol at the level which is comfortable for you.

Please download and print this form to continue.

TO JOIN THE ASSOCIATE MEMBERSHIP OF THE INTEGRATED HEALTH TRUST complete the details, sign the form and return to The Integrated Health Trust, Apthorp Centre, Weston Road, Bath BA1 2XT
Please complete as appropriate

Please enrol me as a
HELPER at £3 per month £36 per annum
SUPPORTER at £10 per month £120 per annum
FRIEND at £20 per month £240 per annum

I would like to make my payments by Standing Order (complete detail below) which may be cancelled at any time by informing my Bank

To: The Manager (Bank)

Address Post Code

Please pay Integrated Health Trust at the Triodos Bank, A/c No 20119437, Sort Code 16-58-10
the sum of £ on the (day) of (month) (year) and thereafter on the same day each month/year (please delete as appropriate) until further notice.

Your Name

Your Address

Post Code Home telephone

Mobile Email

Profession

Your Bank Account No Bank Sort Code

Your signature Date

GIFT AID DECLARATION - Integrated Health Trust Registered Charity No: 1122079
Important note: If you are a UK taxpayer and you tick the box to Gift Aid your payments, this will enable us to increase your contribution by around 28% by our reclaiming tax you have already paid.
I am a UK taxpayer paying an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on my donations in the appropriate tax year (currently 28p for each £1 you give).

I want the charity to treat (please complete as appropriate)
all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations

all donations that I have made for this tax year and all donations I make from the date of the declaration until I notify you otherwise as Gift Aid donations

Your signature Date/..... /.....

NOTES: 1. You can cancel this Declaration at any time by notifying the charity. 2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your Declaration. 3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment Tax Return. 4. If you are unsure whether your donations qualify for Gift Aid Tax relief, ask the charity. 5. Please notify the charity if you change your name and address.

Please tick this box if you agree to your contact information being shared with other selected companies

www.integratedhealthtrust.co.uk

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