

## ALAW MEMBERSHIP APPLICATION

### CONTACT INFORMATION

Name:		
Current address:		
Town:	City:	Postcode:
Email:		Phone:

### TYPE OF MEMBERSHIP

Organisation (less than 5 staff employed)	£40.00	Please tick as relevant
Organisation (with 5 staff or more)	£100.00	
Individual (waged):	£35.00 (overseas £40.00)	
Individual (unwaged, students):	£10.00 (overseas £15.00)	

### OCCUPATION OR PROFESSION

Please state occupation and place of work, if different from above.

### STUDENT MEMBERS

Institution:
Course name or qualification working towards:

### METHOD OF PAYMENT

Standing order:	Please complete the standing order mandate, leaving the starred sections blank for ALAW to complete. Paying your subscription by standing order helps reduce administration costs.	Please tick as appropriate
PayPal		
Cheque:	Please make payable to 'ALAW'	

**Please complete the Gift Aid Form if you would like us to be able to claim basic rate tax relief on your donation.**

### VOLUNTEERING WITH ALAW

If you are interested in providing pro bono legal help please complete and return the attached form

### JOURNAL OF ANIMAL LAW AND POLICY

Please tell us how you would like to receive your journal	
Electronic copy	Please tick as appropriate
Post	

### SIGNATURE

Signature of applicant:	Date:
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**ALAW, c/o Clair Matthews, Monckton Chambers, 1 & 2 Raymond Buildings, Grays Inn, London, WC1R 5NR**

**The Association of Lawyers for Animal Welfare is a Registered Charity (no. 1113462) and a Company limited by guarantee (no. 5307802 – England). Please note that persons becoming ‘members’, or renewing their ‘memberships’, of ALAW using this form do not become members of the Company.**

**Data Protection:** The personal information which you provide in this application form may be used for joining, mailing, subscription, contact and statistical purposes connected with ALAW. Return of this form will be taken as your consent to such use. We may occasionally send you information on other ways you can help ALAW. If you do not wish to receive this, please tick this box: ( ). Membership details are not disclosed to third parties for marketing or other purposes not connected with ALAW. Technical and organisational measures are taken to prevent unauthorised or unlawful processing or disclosure of information.

# ASSOCIATION OF LAWYERS FOR ANIMAL WELFARE

## GIFT AID FORM

**Thank you for your generous support for our work**

**Gift Aid declaration – If you are a UK taxpayer, please complete this declaration so we can reclaim basic rate tax relief on your donations to us.**

Please treat as Gift Aid donations all qualifying gifts of money made by me to ALAW:

today     in the past 4 years     in the future. (Please tick all boxes you wish to apply.)

*I confirm I have paid or will pay an amount of UK Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.*

### **Donor's details:**

Title \_\_\_\_\_ First name or initials \_\_\_\_\_

Surname \_\_\_\_\_

Home Address (we need this for claiming Gift Aid relief):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please notify ALAW if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your income and/or capital gains.

*If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.*

To ..... Bank

Address .....

Please pay **The Co-operative Bank** ..... **Business Account** ..... **08-92-99** .....  
Bank Branch title (not address) Sorting code no.

For the credit of **Association of Lawyers for Animal Welfare** .....  
Beneficiary's name

6	5	1	7	3	0	4	0	0	0	0
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Account number and type

†The sum of first payment £ .....  
Amount in figures Amount in words

Commencing \*(date) ..... /\*NOW £ ..... and thereafter every .....  
Date of first payment Due date and frequency

\*Until ..... £ ..... \*Until you receive further notice from me/us in writing  
Date and amount of last payment

Quoting the reference ..... and debit my/our account accordingly

Please cancel any previous standing order or Direct Debit in favour of the beneficiary named above under this reference

Special instructions .....

Account to be debited

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Sort code

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Account number

Signature(s) .....

Date .....

Note: Please ensure signed in accordance with account mandate

- Note: The bank will not undertake to:
- (i) make any reference to Value Added Tax or other indeterminate element
  - (ii) advise payer's address to beneficiary
  - (iii) advise beneficiary of inability to pay
  - (iv) request beneficiary's banker to advise beneficiary of receipt

\* Delete if not applicable

† If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf

# ALAW Volunteer Application



## Contact Information

Name	
Street Address	
Town Postcode	
E-Mail Address	

## Occupation

Please state your occupation.	
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## Students

Course name and place of study	
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## Interests

Tell us in which areas you are interested in volunteering.

- Legal Research
- Writing up news and case reports for the ALAW journal
- Project work

## Special Skills or Qualifications

Summarise special skills or areas of interest, e.g. farm animals, vivisection etc.

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## Agreement and Signature

Name (printed)	
Signature	
Date	

## How did you hear about us?

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## Our Policy

It is the policy of this organisation to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please return to: ALAW, c/o Clair Matthews, Monckton Chambers, 1 & 2 Raymond Buildings, Grays Inn, London, WC1R 5NR or email to: [membership@alaw.org.uk](mailto:membership@alaw.org.uk)