

1. Family Name	2. Forenames	3. Date of Birth	4. Service number
5. Telephone Numbers	6. Title you wish to be addressed by	7. Awards added to name	
8. Address		9. Email addresses	
10. Service:	11. Unit in 1982	12. Date joined service:	
		13. Date left service:	
14. Your rank on 14 June 1982**	15. Your rank on leaving the service**	16. Were you wounded**	
17. Describe any medals or awards you hold and year they were awarded.			
18. Describe your relationship and connection to the South Atlantic or the association (Association membership only) or details of next of kin killed in action.			
19. Give the name and contact details of someone who can verify your information (Association membership only).			
<p>Terms and conditions</p> <p>20. The information you have given above is subject to data protection laws. By completing these questions you are giving personal data that the association will protect and use as given below.</p> <p>21. The information will be used for the purpose of membership, distribution of newsletters, sponsorship of flights, contacting you, and the giving of grants or welfare purposes. The information will also be used to enable you and your partner or friend to attend events and functions arranged by the association. For this purpose the minimum data necessary will be shared with others, such as the newsletter printers, AGM organisers, MoD as provider of flights, the grant and welfare committee, other charities where grants and welfare may be available. With respect to flights this data may be shared outside the European Economic Area. When data is shared instructions are provided to sharers on the limits of use and time that it may be kept before it is destroyed. Data you supply is normally available only to Trustees, employees and data sharers.</p> <p>22. If you give consent to the use of your personal data as described above then sign below and date to indicate that you understand the arrangements and give consent for the use, storing, processing and sharing of your data.</p> <p>The information I have given on this form is true and correct to the best of my knowledge:</p> <p>Signature: _____ Date: _____</p>			

Office Use

Space for photo

Membership date	Fee paid
Form Processed	Form Checked
Membership number	

Instructions for the completion of the application form AP4 –

Fill this form in if you wish to join as a full or associate member, there is normally a one off fee of £10. (For next of kin of servicemen killed in action who were awarded the South Atlantic Medal (82) there is no fee. Please use dark ink and apart from signature boxes use block capitals.

Box 1 to 9 - All applications

Box 1: Complete your surname, family name or formal name

Box 2: Complete your personal names up to a maximum of two.

Box 3: Date of birth in format DD/MM/YY.

Box 4: Service number (where relevant)

Box 5: Telephone numbers landline and mobile giving codes, both UK and international if not in the UK.

Box 6: Title you wish to be addressed by, eg Mr, Sir, Lt Col, CPO, WO1

Box 7: Awards added to name eg OBE

Box 8 Home address and post code. If abroad include country and zip code.

Box 9: Email addresses that should be used to contact you.

Box 10 to 16 - Full membership only

Box 10: Service - please write which ones applies to you- Army, Royal Navy, Royal Marines, Royal Fleet Auxiliary, Royal Air Force, Merchant Navy, Civil Service, Civilian or Support Role

Box 11: The unit, regiment, ship, squadron in which you served during the conflict, if two or more then the main unit.

Box 12: The date you joined the service (first time).

Box 13: The date you left the service or retired, if you left more than once then the latest date.

Box 14: Your rank on 14 June 1982 (You may leave this blank)

Box 15: Your rank on leaving the service (You may leave this blank)

Box 16: Were you wounded on duty during the South Atlantic Conflict (You may leave this blank)

Box 17: Describe any awards or medals you hold and when these were awarded

Box 18 to 19- Associate and Special membership only

Box 18: Describe your interest, involvement or association with SAMA 82 or the South Atlantic. For Next of Kin of servicemen killed in action please give full name and date of death of family member.

Box 19: Give details of someone who can verify the details you have given – you will be asked before your referee is approached

Box 20 to 22 – All applications- Term and conditions

Box 20 to 22: Sign that you understand the data protection issues and that the information is factually correct to the best of your knowledge.

If you have changed your names, please provide the names you were known by on the 14 June 1982 in the space next to the photo together with an explanation.

If you have difficulty with any of the questions, phone the office number 01495 741592 or email to sama@sama82.org.uk and seek advice.

If you wish to see the membership categories and rules, request a copy from the office.

Please return the completed form and membership fee to:- **SAMA 82, Unit 25, Torfaen Business Centre, Panteg Way, New Inn, Pontypool, NP4 0LS - the £10 Membership fee is payable for Full and Associate Members Only- no fee is payable for Special members**

1. Cheque - made payable to SAMA 82 –and returned to the office preferably attached to your completed application form or if your application is submitted via email, direct to the office but clearly writing - membership fee / full name - on the back of the cheque.

2. Bacs Transfer - Please mark your payment with the reference memberfee/surname

**Account Name: SAMA 82
Account No. 81118358
Sort Code. 40-34-10**

3. If you are a UK tax payer and wish for us to claim an extra 25% on your payment and any future donations with Gift Aid, please also complete the Standing Order form attached as instructed on the form and return with your membership application.

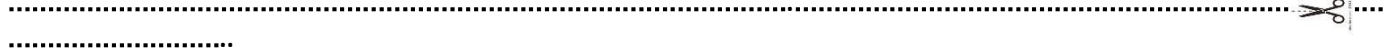


Bank Standing Order for Voluntary Donation & Association Funding

Please complete the Bank Mandate Standing Order Instruction at the bottom of the form and **send this to your bank or building society (not to SAMA 82)**

Please complete the Confirmation notice/cheque payment slip to confirm that you have set up the standing order and / or to enclose a cheque and/ or to enable us to recover Gift Aid from your donations and post it to the SAMA 82 Office.

Please remember if you are a basic rate taxpayer by ticking the Gift Aid section we can recover an additional 25p for every pound of your donation.



CONFIRMATION NOTICE/CHEQUE PAYMENT SLIP- Detach and post to the SAMA 82 office . Unit 25 Torfaen Business Centre. Panteg Way. New Inn. Pontypool, Torfaen, NP4 0LS

Full Name Membership Number

Confirm (tick as necessary)

that I have set up Standing Order and have arranged payments of £

per month per quarter annually

To begin on (date) until further notice

Or until (date)

Or enclose a cheque for £ Payable to SAMA (82)

Or I already donate to SAMA (82) and this confirmation is to enable you to recover Gift Aid from my donation

To make your gift worth 25% more, please tick the relevant box below:-

- I wish for SAMA (82) to treat all donations I have made in previous six years and all donations I make from the date of this declaration, until I notify you otherwise as Gift donations.
- I am not a tax payer

*To be eligible for Gift Aid you must pay Income Tax or Capital Gains Tax in the UK equate to, or more than, the amount that we will reclaim on your donations. If you pay tax at a higher rate, you can claim further tax relief for this donation in your Self Assesments Tax Return. You can cancel this decalaration at any time in writing or over the phone.

To enable us to claim Gift Aid please state your

House Name/Number Post Code

Signature Date



BANK MANDATE STANDING ORDER - Detach and post to your bank or building society

Name & Address of your Bank/Building Society



..... Post Code

.....

Sort Code Account Number

Account Name

Please pay the South Atlantic Medal Association (1982) the sum of £

per month per quarter annually (tick as appropriate)

To begin on (date) until further notice - Or until (date)

South Atlantic Medal Association (1982) (SAMA 82) Account Number: 81118358 Sort Code 40-34-10

Reference (full name)

Signature

Date