**Act 4 Inclusion – Choice Control Independence**

INDIVIDUAL MEMBERSHIP (please complete all sections of the form)

Name  
Address

Email Telephone

I agree to being contacted by Act 4 Inclusion by:  
Post SMS/Text email Telephone call (please put a cross)

I agree to pay annual membership fee to Act 4 Inclusion of £5  
In addition, I agree to donate £ towards Act 4 Inclusion.

I will pay £ by cheque BACS Stripe payment

(put a cross by payment method)

Date form completed:

You can make direct payments online to our Lloyds Bank account:

Name of Account: Act for Inclusion

Sort Code 30-90-99,

Account Number 31442068

but please email admin@act4inclusion.org to let us know how much you have paid.

To pay for your membership by Stripe, [please click on this link](https://buy.stripe.com/4gw2bi6sfbiS6buaEE).

To make an additional donation, [please click on this link](https://buy.stripe.com/cN203ag2Pdr0fM4eUV)

To pay by cheque please email [admin@act4inclusion.org](mailto:admin@act4inclusion.org) for further details

HOW YOU CAN HELP ACT 4 INCLUSION

Do you have any links with any local or national organisations that could be helpful to Act 4 Inclusion? Please provide details below of the organisations that you are involved with ...........(insert text)

Trade union Campaign  
Political Organisation Other organisation

Workplace

Do you have any particular areas of expertise, knowledge, or experience relating to social care and support that you would like to share with us?  
Please provide details

Would you be prepared to become involved in an Act 4 Inclusion working group to develop policy around the above? Yes/No

Would you be interested in helping to organise Act 4 Inclusion nationally by helping with meetings, events, administration, social media, communication?  
Please detail

Would you be interested in setting up a local Act 4 Inclusion organisation? Yes/No

PLEASE RETURN THIS FORM TO admin@act4inclusion.org