## Membership Application Form

**SCARD & CADD** are the only independent Charities dedicated to supporting all who are affected by death or injury to a loved one on our roads.

*Our organisations are funded entirely by donations and fund raising activities.*

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<table>
<thead>
<tr>
<th>I/We wish to become member/s of SCARD and CADD</th>
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</thead>
<tbody>
<tr>
<td><strong>Name(s):</strong> …………………………………………………………………..</td>
</tr>
<tr>
<td><strong>Address:</strong> …………………………………………………………………..</td>
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<td><strong>Post Code:</strong> ………………………… e-mail: …………………………………</td>
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<tr>
<td><strong>Telephone:</strong> ……………………………………….. Mobile: ………………………</td>
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<tr>
<td><strong>Age:</strong> Under 18  18 to 40  Over 40  <em>(Please underline)</em></td>
</tr>
<tr>
<td><strong>Signature(s):</strong> ………………………………………………………... Date …………</td>
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Please consider a Gift Aid Declaration. Gift aid allows SCARD or CADD as registered charities to claim back tax from the government which is currently the equivalent of 28p for each pound donated. To qualify to Gift Aid your donation all you have to be is an individual U.K. tax payer. To agree to gift aid just tick the box below and sign on the signature line.

We are then able to count your membership donation as gift aided and claim back the tax.

To gift aid your donation please tick this box ☐ and sign below

| Signature ……………………………………………… Date ………………………… |

Please note: Gift aiding your donation does not affect your personal tax in any way. You will not be contacted by any tax or government office about a gift aid declaration.

You may cancel your declaration at any time by notifying us.

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<tr>
<th>Which Membership do you require?  Please tick ✓</th>
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<tbody>
<tr>
<td><strong>Single:</strong> £15.00 ☐ + Donation of ……</td>
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<tr>
<td><strong>Joint/Family:</strong> (at same address) £25 ☐ + Donation of……</td>
</tr>
<tr>
<td><strong>Life:</strong> £100 ☐ Donation + Donation of……</td>
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<td><strong>Business:</strong> £200 ☐ Donation + Donation of……</td>
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In addition I/we have signed gift aid declaration ☐
YOU'RE REASON FOR JOINING

(Please tick all answers applicable)

Death ☐   Injury ☐   Concerned about road safety issues ☐

Relative or friends name (if applicable) .................................................. Age ...........

Your relationship to Him/Her .................................................................

Was anyone else involved to blame? Yes ☐ No ☐

If yes, did a prosecution take place? Yes ☐ No ☐

Was there a conviction? Yes ☐ No ☐
If yes, what was the outcome? (E.g. fine, driving ban, custodial sentence, not guilty etc.)

Was your relative or friend Driving a Vehicle: ☐ Passenger: ☐ biker: ☐ Pillion: ☐
H.G.V Driver: ☐ P.S.V Driver: ☐ Cyclist: ☐ Pedestrian: ☐ Horse Rider☐: Other ☐ (Please state)

Did the incident involve?
Drugs: ☐ Drink: ☐ Speed:☐ Car Theft: ☐ Careless Driving: ☐ Dangerous Driving: ☐
Red Light Violation: ☐
Other: ☐ (Please state) . .................................................................

County or Town where incident occurred: ......................... Date .............

Type of road: Motorway: ☐ Dual Carriageway: ☐ Rural: ☐ A road ☐ B: ☐ Other: ☐ (Please state) ...........

Any other vehicle(s) involved?
Car: ☐ Motorbike: ☐ Taxi: ☐ Bus/Coach: ☐ Commercial Vehicle:☐ Other: ☐ Not applicable:☐

Details of any other person /vehicle directly involved with the fatality/ injury:
Male: ☐ Female: ☐
Licensed driver ☐ Unlicensed driver ☐ Drink or Drugs involved ☐ Car Thief ☐
Emergency Vehicle ☐ Pedestrian ☐ Animal ☐ uninsured ☐

Other ☐ Please state…………………………………………

If someone else was involved do you know whether they were?

Under 17☐: 17 to 30☐: 30 to 50☐: 50 to 70☐: Over 70☐
Are you willing to volunteer for any of the following?

- Have telephone contact with fellow members: ☐
- Help with fundraising: ☐
- Help staff the SCARD help line: (speaking with bereaved/injured) from your own home) ☐
- Talk to the media: ☐
- Set up a group in your own area: ☐

If you are interested in any of these volunteering opportunities, please contact us at your earliest convenience.

**Should you have any questions in regard to SCARD or CADD, Gift Aid, Volunteering or this form generally please ring the office on 0845 1235541/3 or write to the address below.**

When you have completed this form, please mark your envelope “Membership” and return it to the address below.

**SCARD/CADD:**
PO. Box 62, Brighouse, West Yorkshire, HD6 3YY

Office/Fax: 0845 1235541/43. Help line: 0845 1235542. Urgent Contact: 0776 958 1414

On behalf of SCARD and CADD thank you for spending your time completing this form and for your generous donation.