



DANDA Membership Form  
see reverse of form for membership categories and benefits

**PART 1 MEMBERSHIP (FULL & ASSOCIATE) OF DANDA**

I would like to become a **full** member of DANDA  Tick if this is a renewal   
 I would like to become an **associate** member of DANDA  Tick if this is a renewal

Waged	Unwaged	Professionals
£100 (Life membership)	£50 (Life membership)	
£20 (2 year membership)	£10 (2 year membership)	
£12 (1 year membership)	£6 (1 year membership)	£25 Practitioner (1 year membership)
Part-time £9 (1 year membership)		£40 Corporate Membership (1 year membership)

If you wish to pay by Standing Order OR make payment direct to DANDA's Bank Account, please email [info@danda.org.uk](mailto:info@danda.org.uk) for a Standing Order Mandate Form or download one from the website.

I enclose a membership fee (cheque or postal order) of £ \_\_\_\_\_  
 If living outside UK please add £2.00 for postage £ \_\_\_\_\_  
 (optional) I enclose a further donation of £ \_\_\_\_\_ Total £ \_\_\_\_\_  
*We rely heavily on donations to carry out our work.*

**PART 2 GIFT AID**

To qualify for Gift Aid, you must pay an amount of income tax and/or capital gains tax at least equal to the tax that DANDA will reclaim on your donation (currently 25p for each £1 you pay).

I am a UK taxpayer and wish my donation and/or membership to be treated as Gift Aid.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3 PERSONAL INFORMATION Contact Details**

*please print*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **PART 4 PERSONAL INFORMATION continued**

*please print*

Name:

Please tick the following boxes as appropriate:

I am an adult with (suspected) Dyspraxia, ADHD, Asperger Syndrome, Tourette's syndrome, Dyslexia, Dyscalculia, other please specify condition & any other health conditions

I am  16-18 yrs  19-24 yrs  25-34yrs  35-44yrs  45-59 yrs  60+

I am a relation/friend of an adult(s), with (suspected) Dyspraxia, AD(H)D, Asperger Syndrome, Tourette's Syndrome, Dyslexia, Dyscalculia, Other (please state):

Please specify condition and age of this person:

I am a professional with an interest in Dyspraxia, AD(H)D, Asperger Syndrome, Tourette's Syndrome, Dyslexia, Dyscalculia, Other (please specify):

### **About membership of DANDA**

**DANDA (Developmental Adult Neuro-Diversity Association) is a Charity run by and for adults with neuro-diverse conditions or specific learning differences such as Developmental Dyspraxia, Attention Deficit Hyperactivity Disorder (ADHD), Asperger Syndrome, Tourette's syndrome, Dyslexia and Dyscalculia. DANDA's aim is to help ND adults reach their full potential by providing and improving emotional and practical support as well as campaigning for greater awareness and accommodation of our conditions, particularly in the spheres of health, justice and employment. Full membership is open only to Neuro-Diverse Adults but others with an interest in ND are welcome to become Associate members.**

#### **As a full member you will:**

- Have voting rights on any DANDA issues
- Receive information on neuro-diversity
- Receive at least 10% discount on any books or merchandise sold or member conferences and courses run by DANDA
- Receive the DANDA newsletter free twice a year

As an **associate member** you will have all the above benefits apart from voting rights.

#### **Data Protection**

Your application for membership is your consent to DANDA holding and processing your details for membership purposes. Your personal information will be kept confidential. We will not pass your name to any other person or organisation unless we have your prior agreement.

**Please return this form to:** Developmental Adult Neuro-Diversity Association, Unit 12-13, Springfield House, 5 Tyssen Street, London E8 2LY or email [info@danda.org.uk](mailto:info@danda.org.uk) web: [www.danda.org.uk](http://www.danda.org.uk)  
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