**Application for Membership of Wendover Arm Trust** (tick the appropriate category)

Please print this form, complete and send to the Membership Secretary, Island House, Moor Road, Chesham, Bucks, HP5 1WA. Tel: 07547 181857, email membership@wendoverarmtrust.co.uk

Subscription rates for annual membership: Single £10

 Family £15

 Corporate £25

Block Membership 5 years for the price of 4

Life membership (one off payment) Single £150

Life membership is non-transferable and non-refundable Joint £250

Mr Mrs Miss Ms Dr Rev

Surname(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I / We enclose a cheque made payable to Wendover Arm Trust for £\_\_\_\_\_\_\_\_\_\_\_\_ for membership of the Wendover Arm Trust. Membership fees can also be paid by standing order or BACS transfer directly from your bank to ours and online using a credit / debit card through our website.

**Gift Aid Declaration**

**Boost your donation by 25p of Gift Aid for every £1 you donate**

I want to Gift Aid my donation of £\_\_\_\_\_\_\_ and any donations I make in the future or have made in the last 4 years to Wendover Arm Trust.

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. I am a UK taxpayer and understand that if I pay less Income Tax and / or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

***Please notify the charity if you:***

* *Want to cancel this declaration*
* *Change your name or home address*
* *No longer pay sufficient tax on your income and/or capital gains.*

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_