

Membership application form

This form is valid between 01 July 2018 - 30 June 2019

Annual Subscription

Complete all boxes for each member in black ink

For office use only MemNo:

Exp:

PD:

Single membership £39 - Member 1

Title	First Name	Surname	DOB
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Joint membership £76 - Member 2

Title	First Name	Surname	DOB
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Full Postal Address*

Town/City

Postcode*

Telephone*

Email*

I consent to the terms and guarantees detailed overleaf

Please sign here



Payer's signature

Date

How would you like to be kept up to date?

Email

As a Friend, we would like to keep you up to date about our latest news, events, fundraising projects and conservation work at Westonbirt Arboretum. We respect your privacy and will not disclose your details to third parties. Please tick how you would like to be contacted.

Post

Phone

giftaid it

By Gift Aiding your subscription we can claim back 25p in every £1 you donate. I would like the Friends of Westonbirt Arboretum to treat this donation and any donations I make in the future as Gift Aid donations, unless I notify otherwise. 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 sign here

Payer's signature

Date

Is this a gift membership? If so, this gift membership is donated by

Title	First Name	Surname
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Full Postal Address

Town/City

Postcode

Telephone*

Email*

*Please include telephone number and/or email address for gifted membership

Mailing requirements for gifted memberships

Send membership cards directly to:

The donor

The member/s

This is a Christmas gift

Renewal notification of this GIFTED membership will be sent directly to the donor

Payment Method Please tick one payment option

Cheque (payable to FOWA) Cash Credit/Debit card (for Welcome Building only)

Authorisation Code

Cashier Name

TOTAL PAID £

Direct Debit - For continual annual subscription.

Cards will be automatically renewed and a single payment will be claimed prior to the start of each subscription.

Name(s) of account holder(s)

To the Manager of bank/building society

Address/Branch

Postcode

Service User Number

836254

Instruction to your Bank or Building Society

Please pay FOWA Direct Debit from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with FOWA and if so, details will be passed electronically to my Bank/Building Society.

Sort code

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Bank/building society account number

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Reference number (office use only)

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Please sign here Payer's signature



Date

