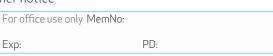
Membership Application Form

For memberships starting between 01 July 2019 until further notice



Please complete all boxes for each member in black ink Exp:





Member 1	Title First Name		Su	Surname			DOB
Member 2	Title	First Name	Su	irname			DOB
Full Postal Addre	iss			Town/City			
Postcode	Telephone		Email				
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. Payer's signature Date				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. Phone Please tick how you would like to be contacted.			
Is this a gift membership? If so, this gift membership is donated Title First Name Surname Full Postal Address Town/City Postco					This is a Christmas gift (Posted in December) Gifted Direct Debit membership will be sent to the donor . Renewal of this gifted membership will go directly to		
Telephone* Email* *Please include your telephone number and/or email address for gifted membership							
Payment Please tick appropriate boxes Single £39 Joint £76							
Cards will claimed pr	DEBIT - For continuing the automatically rereion to the start of each count for Direct Debi		To qualify for the Direct Debit deduction on your first year of membership please attach your ticket/s and receipt. This offer applies to one adult admission per member only.				
DIRECT DEBI	T INSTRUCTION						
Name(s) of Account Holder(s) To the Manager of Bank/Building Society				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			
Address/Branch			Bank/building				
Postcode		Service User Number	836254	account number Reference number (office use only)			
Please sign here				Date			Direct