Membership Application Form

For memberships starting between 01 July 2019 until further notice







Mombou 1	Title	First Name	Su	urname	DOB	
Member 1					202	
Member 2	Title	First Name		urname		DOB
Full Postal Addre	ess					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 Phone Please tick how you would like to be contacted.		
Is this a gift membership? If so, this gift membership is donated by Title First Name Surname Full Postal Address						Gifted Membership Mailing This is a Christmas gift (Posted in December) Gifted Direct Debit memberships will be sent to the donor. Renewal of this gifted membership will go directly to
Town/City Postcode Telephone* Email*						the donor.
*Please include your telephone number and/or email address for gifted membership						
Payment	•	ck appropriate boxes			e £39 🔲 Jo	oint £76
DIRECT Cards wil	DEBIT - F	For continual annual subscrip atically renewed and an annua tart of each subscription.		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.		
Admission discount for Direct Debit payment only (office use only)				Please download this form, complete and save it to your computer and then email to membership@fowa.org.uk along with your admission receipt.		
DIRECT DEB Name(s) of Acco				Please pay FOWA subject to the saf	eguards assured by the	ciety account detailed in this instruction e Direct Debit Guarantee. I understand DWA and if so, details will be passed
To the Manager of	of Bank/Bui	lding Society		electronically to r	ny Bank/Building Soci	ety.
Address/Branch	l			Bank/building so account number	ciety	
Postcode		Service User Number	836254	Reference number (office use only)	er er	
Please sign here				Date		DIRECT