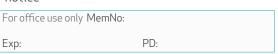
Membership Application Form

For memberships starting from January 2021 until further notice

Annual Subscription

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





	Title	First Name	S	Gurname		DOB	
Member 1							
Member 2				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 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. Date				How would you like to be kept up to date? Email Post Post Phone 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.			
Is this a gift of membership? If so, this gift of membership is donated by Title First Name Full Postal Address Town/City Postcode Telephone* Email*						Gifted Membership Mailing This is a Christmas gift (Posted in December) Gifted Direct Debit membersh will be sent to the member. Renewal of this gifted membership will go directly to the donor. Memberships cannot be gifte with the Direct Debit paymen method.	
Please include y	Please tick appro	per and/or email address fo ppriate boxes	i girted membersi	ıιþ			
DIRECT DEBIT - For continual annual subscription Cards will be automatically renewed and an annual payment will be claimed prior to the start of each subscription. For card payment please use the online form at fowa.org.uk/join For cheque payment please enclose a cheque made payable to 'FoWA' along with this application form and post back to us.				Choose a membership: £39 Single - one member £76 Joint - two members			
DIRECT DEB	IT INSTRUCTION	ON					
Name(s) of Account Holder(s)				Please pay FOWA subject to the safe	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		
To the Manager of Bank/Building Society				that this instruction electronically to m	that this instruction may remain with FOWA and if so, details will be passed electronically to my Bank/Building Society.		
Address/Branch				Bank/building so	Bank/building society account number		
Postcode		Service User Number	836254				
Please sign				Date		Direction	