



MEMBERSHIP APPLICATION*/RENEWAL* *Delete as appropriate

Title:	First Name:	Surname:		
Address:				
E-Mail:		Telephone:		
Second Member at the same address:				
Junior Member/ (under 18) & dates/s of birth				
Membership Rates with effect from January 2016				
Membership year runs from 1 st Jan to 31 st December				
Individual	2nd at same address	Junior	Non UK	Individual Membership £
£15.00	£7.00	£2.00	£18.00	2 nd Member at same address £
				Junior Member/s £
				Non UK Member £
				Optional Donation £ _____
				TOTAL: £ _____
New Members joining after 1 st July pay reduced rates				Signature: _____
£8.00	£4.00	£1.00	£10.00	Date: _____

Membership Secretary VBGFS: Caroline Peel, Point Cottage, Beach Road, Bembridge, PO35 5NQ

By completing this Gift Aid declaration you enable Ventnor Botanic Garden Friends' Society to claim tax back from the Government at no cost to yourself.

Giftaid it: I/We would like Ventnor Botanic Garden Friends' Society to reclaim tax on any eligible membership subscriptions or donations made by me/us until further notice.

My/Our details are:

First Name _____ Surname _____

First Name _____ Surname _____

Address _____

Postcode _____

Please be aware that you must have paid an amount of income and/or capital gains tax at least equal to the amount of tax reclaimed by all charities and Community Amateur Sports Clubs on all your donations in the tax year (6th April one year to 5th April the next)

STANDING ORDER AUTHORITY

To be sent to the Membership Secretary NOT to your bank.

To: The Manager (Name and address of Bank)	
Pay to the account of Ventnor Botanic Garden Friends' Society National Westminster Bank Ventnor Isle of Wight PO38 1RA Sort Code 54-41-31 Account No. 05441358	
The sum of £ _____ Pounds	AMOUNT IN FIGURES AND WORDS
Immediately	
And the sum of £ _____ Pounds	AMOUNT IN FIGURES AND WORDS
Every 6 th January hereafter until you receive notice from me in writing	
Reference to be quoted (to be completed by VBGFS)	
This order cancels any existing order in favour of this payee	
Signature: _____	Date: _____
NAME OF ACCOUNT TO BE DEBITED	
BANK SORT CODE	ACCOUNT NUMBER