



MEMBERSHIP APPLICATION*/RENEWAL* *Delete as appropriate CIO no: 1174751

Title:		First Name:		Surname:	
Address:					
E-Mail:			Telephone:		
Second Member at the same address:					
Junior Member/ (under18) & date/s of birth:					
Membership Rates with effect from January 2019					
Membership year runs from 1st Jan to 31st December					
Individual	2nd at same address	Junior - under 16	Non UK	Individual Membership	£
£20.00	£10.00	£2.00	£20.00	2nd Member at same address	£
New Members after 1st July pay reduced rates:				Junior Member/s	£
				Non UK Member	£
				Optional Donation	£
				TOTAL:	£
£10.00	£5.00	£1.00	£10.00	Signature:	Date:

I/We give consent for the VBGFS to hold my/our personal information and understand that they may contact me/us by email, telephone or post. I/We may ask to see a copy of the Privacy Policy at any time.

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, Shanklin IOW PO37 6JX Sort Code 54-41-31 Account No. 49647717	
The sum of £ _____ Pounds	AMOUNT IN FIGURES AND WORDS
Immediately	
And the sum of £ _____ Pounds	AMOUNT IN FIGURES AND WORDS
Every 6th 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