



Please send the completed form to: Membership Secretary VBGFS Mrs. Valerie Pitts, Four Trees, 5 Grangeside, Bonchurch, Ventnor, Isle of Wight PO38 1RW

|  |                            |                          |               |  |         |
|--|----------------------------|--------------------------|---------------|--|---------|
| Title:   |                            | First Name:              |               | Surname:                               |         |
| .....  |                            | .....                    |               | .....                                  |         |
| Address:   |                            |                          |               |  |         |
| E-Mail:  |                            |                          | Telephone:    |  |         |
| Second Member at the same address:   |                            |                          |               |  |         |
| Junior Member/ (under 18) & dates/s of birth                               |                            |                          |               |  |         |
| <b>Membership Rates with effect from January 2020</b>                      |                            |                          |               |  |         |
| Membership year runs from 1 <sup>st</sup> Jan to 31 <sup>st</sup> December |                            |                          |               |  |         |
| <b>Individual</b>  | <b>2nd at same address</b> | <b>Junior – under 18</b> | <b>Non UK</b> | Individual Membership                  | £       |
| £20.00   | £10.00                     | £2.00                    | £20.00        | 2 <sup>nd</sup> Member at same address | £       |
|  |                            |                          |               | Junior Member/s                        | £       |
|  |                            |                          |               | Non UK Member                          | £       |
| New Members after 1st July pay reduced rates:                              |                            |                          |               | Optional Donation                      | £ _____ |
| £10.00   | £5.00                      | £1.00                    | £10.00        | <b>TOTAL:</b>                          | £ _____ |
|  |                            |                          |               | Signature:                             | Date:   |

**DATA PROTECTION:** By ticking this box 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 with information about my/our membership and other activities organised by VBGFS. The information will be securely held and not shared with any other organisation. I/We may ask to see a copy of the Privacy Policy at any time. Please tick

**Gift Aid it:** 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. 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<br>(Name and address of Bank)  |   |
| Pay to the account of <b>Ventnor Botanic Garden Friends’ Society</b> National Westminster Bank, Shanklin IOW PO37 6JX<br>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 6 <sup>th</sup> January hereafter until you receive notice from me in writing  |   |
| Reference to be quoted (to be completed by VBGFS)  |   |
| <b>This order cancels any existing order in favour of this payee</b>   |   |
| Signature:   | Date:                                   |
| NAME OF ACCOUNT TO BE DEBITED  |   |
| BANK SORT CODE   | ACCOUNT NUMBER                          |