

Please send the completed form to:

VBGFS Membership Secretary Mrs. Anne Hornett, 63 West Hill Road, Ryde, Isle of Wight PO33 1LG

Title:	First Name:			Surname:			
Address:							
E-Mail:				Telephone:			
Second Mem	per at the same ac	ddress:					
Junior Memb	er/ (under 18) & d	ates/s of birth					
Membership	Rates			Membership year ru	uns from 1 st Jan to 31 st Dece	ember	
Individual	2nd at same address	Junior – under 18	Non UK	Individual Membership	£		
£20.00	£10.00	£2.00	£20.00	2 nd Member at same address Junior Member/s	£ £		
No Monebox			<u> </u>	Non UK Member	£		
New Members after 1st July pay reduced rates in the first year:				Optional Donation	£		
212.00	05.00	61.00	040.00	TOTAL:	£		
£10.00	£5.00	£1.00	£10.00	Signature:	Date:		
organisation. 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	me S			rname			
First Name Surname							
House name/number				Postcode			
				apital gains tax at least equal to the tax year (6 th April one year t		by all	
WAYS TO PA	Y – please tick	your choice	(membe	rship cards will be issue	d on receipt of paymer	nt)	
 STANDING ORDER Please arrange with your bank to pay the appropriate membership fee immediately and then every succeeding January 6th until further notice 							
2. BACS							
3. CHEQUE Please make out to Ventnor Botanic Garden Friends and enclose with this Membership form							

BANK DETAILS FOR OPTIONS 1 AND 2

Account: Ventnor Botanic Garden Friends Sort Code: 54-41-31 Account number: 49647717

Reference: Your Surname and Postcode