

Membership application form

PLEASE COMPLETE IN CAPITALS

Title
Full name
.....
Address
.....
Postcode
Phone/mobile
Email

Gift Aid Declaration (PLEASE TICK IF APPLICABLE)
I WANT TO GIFT AID THIS DONATION AND ANY
DONATIONS I MAKE IN THE FUTURE OR HAVE MADE
IN THE LAST FOUR YEARS TO THE FRIENDS OF LITTLE
MALVERN PRIORY.

I AM A UK TAXPAYER AND I UNDERSTAND THAT IF I PAY
LESS INCOME TAX AND/OR CAPITAL GAINS TAX THAN
THE AMOUNT OF GIFT AID ON ALL MY DONATIONS IN
THE TAX YEAR, IT IS MY RESPONSIBILITY TO PAY ANY
DIFFERENCE.

Signed
Dated

Data Protection Act Agreement (PLEASE TICK)
IN ACCORDANCE WITH THE DATA PROTECTION ACT 2018,
I AGREE WITH MY MEMBERSHIP INFORMATION BEING
RECORDED FOR THE PURPOSES OF ADMINISTERING THE
FUNDS OF THE FRIENDS OF LITTLE MALVERN PRIORY.

PLEASE TELL US IF YOU:
WANT TO CANCEL THIS DECLARATION OR CHANGE YOUR
NAME OR ADDRESS OR NO LONGER PAY SUFFICIENT TAX
ON YOUR INCOME AND/OR CAPITAL GAINS

Standing order

ToBank
Address
.....
.....
Postcode

YOUR BANK ACCOUNT DETAILS:

Name
Sort code

Account number

PAYEE: FRIENDS OF LITTLE MALVERN PRIORY
BANK: BARCLAYS PLC
SORT CODE: 20-98-61
ACCOUNT NUMBER: 80391530

Reference (YOUR NAME)

Amount (FIGURES) £.....

Amount (WORDS)

.....

and the same sum on the same day of each
following year until I revoke this order.

Signature

Date