

SOUTH HOLDERNESS COUNTRYSIDE SOCIETY

MEMBERSHIP APPLICATION FORM FOR YEAR.....

NAME.....

ADDRESS.....

.....

POST CODE.....

TELEPHONE NUMBER.....



Registered Charity
 No: 701627

Email:.....

Please indicate by putting a X in the box: NEW MEMBER RENEWAL

| | | | | |
|-------------------------------|------------|--------------------------|------------------------|----------------------|
| Type of Membership | Annual Fee | | Number in Family | |
| Single Adult | £12 | <input type="checkbox"/> | | <input type="text"/> |
| Family | £14 | <input type="checkbox"/> | | |
| Affiliated Organisations | £20 | <input type="checkbox"/> | | |
| Corporate | £20 | <input type="checkbox"/> | Number in School/Group | <input type="text"/> |
| Schools and Children's Groups | Free | <input type="checkbox"/> | | |

Please would you consider making a donation towards the Society's work: £

Total Enclosed: £

Cheques to be made payable to "SOUTH HOLDERNESS COUNTRYSIDE SOCIETY" and sent to
Mrs. Denise Failey, SHCS, Demswood, Boreas Hill, Paull, Hull HU12 8AX

DO YOU OBJECT TO THE ABOVE INFORMATION BEING HELD IN A COMPUTER FILE
 (Please Note: This information is NOT given to any other organisation; it simply enables us to
 administer the Society's affairs more easily). NO YES

GIFT AID - PLEASE REMEMBER TO TICK THE BOX

Increase your donation without spending a penny. Tick the Gift Aid box and for every £1 you give, SHCS will receive an extra 25p from HM Revenue & Customs.

Please tick here

Yes, I want all donations I have made over the past 4 years and all future donations to be treated as Gift Aid, until I notify you otherwise.

Title (please print) Full name..... Date.....

To qualify for Gift Aid, you must pay UK income tax or capital gains tax at least equal to the amount SHCS will claim in the tax year.

Please let us know if your tax status, name or address changes.

I Do Not Pay Tax

| FOR SHCS USE ONLY | | TYPE: | | COMPUTER |
|-------------------|--------|----------------------|--------|--------------------------|
| NEW MEMBER | ISSUED | RENEWAL | ISSUED | |
| CARD | | CARD | | |
| RECEIPT | | RECEIPT | | |
| LETTER | | MEMBERSHIP NUMBER | | LEDGER |
| AIMS/RULES | | | | <input type="checkbox"/> |
| JOURNAL | | | | JOURNAL DISTRIBN |
| OTHERS | | DATE: / / | | <input type="checkbox"/> |