

MEMBERSHIP APPLICATION FORM

Print off this application form, fill in the information required and post the completed form with your cheque to the Membership Secretary - address below.

Your Name:

Your Address:.....

.....

.....

.....Postcode:

.....

Email:

Standing Order Mandate

Bank:

Address:

.....

.....Postcode:

Please pay **IMMEDIATELY** the sum of £.....

(in words:pounds)
to LLOYDS BANK, Sort Code: 30-99-50

Type of Membership Required: *Please tick one box*

- | | |
|--|------|
| <input type="checkbox"/> Annual – single | £20 |
| <input type="checkbox"/> Annual - joint | £30 |
| <input type="checkbox"/> 5 Year - single | £80 |
| <input type="checkbox"/> 5 Year – joint | £120 |
| <input type="checkbox"/> Life - single | £240 |
| <input type="checkbox"/> Life - joint | £360 |

PAYMENT *Please tick one box*

- Standing Order** – see mandate.
- BACS Transfer** – please give your name as a reference and return this form to the Membership Secretary.
- Cheque** - payable to **Somerset Gardens Trust**

for the credit of SOMERSET GARDENS TRUST

Account no. 81946960

and annually thereafter on:

[date] **[month]**

until you receive notice in writing from me/us,
and debit my/our account accordingly

Account name:

Account number:

Sort Code:

Signed:

Dated:

PLEASE RETURN THIS FORM

with your cheque if applicable to:

Mrs Mary ter Braak, Membership Secretary,
Somerset Gardens Trust, 3 Trendle Lane,
Bicknoller, Taunton, Somerset TA4 4EG

Email: info@somersetgardenstrust.org.uk

Gift Aid

I want to Gift Aid my donation and any donations I make in future to Somerset Gardens Trust. I am a UK taxpayer and understand that, if I pay less income tax and/or capital gains tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.

Signed:

First Name:

Surname:

Date: