

WHS MEMBERSHIP APPLICATION FORM

Name:

email (optional):

Tel (optional):

Address, if not stated elsewhere on this form:

.....

.....

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Post/Zip code:

Country:

Please send the completed form, with cash/cheque if appropriate, to:

Membership Secretary of the William Herschel Society
19 New King Street
BATH, BA1 2BL, UK

GIFT AID DECLARATION (optional)

Name of Charity: The William Herschel Society
Your details (block capitals, please):

Title

Forename(s)

Surname

Address

Post/Zip code

I wish all donations I make to the William Herschel Society to be treated as Gift Aid payments, until I notify you otherwise. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

Signature

Date

Gift Aid Declaration notes:

1. Please notify the Society if you change your name or address whilst the declaration is still in force.
2. You can cancel the declaration at any time by notifying the Society; it will then not apply to donations you make on or after the date of cancellation or such later date as you specify.
3. The tax you pay must comply with the statement confirmed in your declaration.
4. If in the future you no longer meet the requirements of Note 3, you should cancel your declaration.
5. If you pay income tax at the higher rate, you can claim further tax relief in your self-assessment tax return.
6. If you are unsure whether your donations qualify for Gift Aid tax relief, you can ask at your local tax office.
7. Presently we are unable to accept Gift Aid contributions by oral declaration, fax, e-mail or pay-roll giving.

Payment by **BANKER'S ORDER** (optional)

Block capitals, please

To: (Your bank)

Address

.....

Postcode

Please pay to: Lloyds Bank plc the sum of £18 on

..... (day) (month)(year)

and the same sum on the same day each year until further notice.

Account: William Herschel Society

Branch: 47 Milsom Street, BATH BA1 1DN

Sort code: **30 - 90 - 54**

Account No: _____

IBAN: **GB51 LOYD 30 90 54** _____

Accounts details available from Membership Secretary

Debit A/C No.

Signature

Date

Title

Forename(s)

Surname

Address

.....

.....

Postcode

Please return this form to Membership Secretary, not to your bank.