

Please print out this form, complete it and return it to the address shown on the form.

MEMBERSHIP APPLICATION BY DD

YOUR DETAILS: USE CAPITALS: Please sign this application as it enables us, under Charity Gift Aid rules, to claim back tax from Inland Revenue.

Title	Name
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Address (including postcode)

Telephone number


E-mail

Please treat my subscription and all future payments as Gift Aid donations until I notify you otherwise (see note).

Signed	Date
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MEMBERSHIP TYPE
(please tick the appropriate box)
Minimum fees:
Single (per annum) £20
Family (per annum) £30
Single life £300
Family life £450
Plus an optional donation of:
£ _____
Makes a total, to be collected annually* by Direct Debit, of:
£ _____ (* Life members' are debited only once). Please return this form to:
Membership Administrator
The Chiltern Society
FREEPOST (HH601)
Chesham, Bucks HP5 1ZA

Note: Gift Aid applies if you pay income tax or capital gains tax at least equal to the tax deducted from your payment. If you are NOT a taxpayer please tick here:
If you cease to pay tax please inform us. If you pay tax at the higher rate you can claim further relief on your self assessment form.

 <i>We care for the Chilterns</i>	Instruction to your Bank or Building Society to pay by Direct Debit	
Name & full postal address of your Bank or Building Society	Originator's Identification Number	
To: The Manager Bank/Building Society Address _____ _____ _____ Postcode	9 4 8 3 4 8	
Name(s) of Account Holder(s)	Instruction to your Bank or Building Society	
_____	Please pay The Chiltern Society, Direct Debits from the account detailed in this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with The Chiltern Society and if so, details will be passed electronically to my Bank/Building Society.	
Branch Sort Code		Signatures _____ _____ Date
Bank/Building Society account number		

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts		web