| foasd Membership Application | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | |
| Title (Dr/Mr/Mrs etc): | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
|  | | | | | | |
| Post code: | Telephone: | | | | Email: | |
| membership category (circle & Total) | | | | | | |
| Adult (individual) | | £20 |  | Corporate | | £200 |
| Junior (under 18) | | £10 | Life | | £300 |
| Joint Adult (at same address) | | £30 | Joint Life (at same address) | | £500 |
|  | |  | **Total:** | |  |
| payment | | | | | | |
| Cheque/Bank Order: Payable to FOASD | | | | | | |
| BACS Transfer: Account: 02613299 Sort: 30-93-32 | | | | | | |
| Signatures | | | | | | |
| Signature of applicant: | | | | | Date: | |
| **If you are a UK taxpayer, please sign the following Gift Aid declaration to enable the FOASD to claim a tax refund – *without cost or further obligation to you.*** | | | | | | |
| I would like the Friends of All Saints’ Dogmersfield to reclaim tax on all my donations until further notice. I understand that I must pay UK income and/or capital gains tax at least equal to the tax reclaimed from my donation.  Signed: Date: | | | | | | |
| Please return this form to:  **Membership Secretary, FOASD**  [**DogmersfieldFriends@gmail.com**](mailto:DogmersfieldFriends@gmail.com) | | | | | | |