

Midland Ancestors MEMBERSHIP APPLICATION

CREDIT CARD PAYMENTS: If you wish to pay by card, please do not use this form. You may pay using our online shop at www.midland-ancestors.shop

(BLOCK CAPITALS)

NAME.....

ADDRESS.....

.....

.....

Post Code:

Tel No:

Email

SUBSCRIPTIONS (please tick)

Single £14.50 _____ Joint £20.00 _____

Additions: Airmail (not applicable for downloads) £6.00 _____

DONATION TO SOCIETY FUNDS £ _____

Cheques made payable to BMSGH

Midland Ancestor Magazine – Please indicate if you want to receive a posted or downloaded copy

I confirm that I am over the age of 16 years

General Data Protection Regulation (GDPR)

The society is registered under GDPR. Your membership personal data will be processed by lawful contract, this means we will use your personal data(name, address, email address) to fulfill our contractual obligations, ie to post out your quarterly magazine (or to email if this option is selected) and to occasionally email or write to you regarding membership. We will not use your personal details for any other purpose.

Please sign and date here to confirm your consent.

Signature:

CHARITY GIFT AID DECLARATION

Gift aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation or subscription you must tick the box below:

I want to Gift Aid my donation or subscription of £

*and any payments I make in the future or have made in the past 4 years ***

to Midland Ancestors (BMSGH)

**** please delete the phrase shown in italics if it does not apply**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax then the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.

My Details:

Full Name.....

Address.....

.....

.....Postcode

Signature

Date.....

Please complete form and return to: Midland Ancestors, 5 Sanderling Court, Spennells, Kidderminster DY10 4TS

BANK STANDING ORDER FORM

To the ManagerBank/B.Society

Address.....

.....

Postcode

Account No.:

Please pay now* and on 2 January annually thereafter the sum of £ _____

to: CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ

Account Number 00024407 (Sort Code 40-52-40)

For the credit of BMSGH

From:

Full Name:.....

Address:

.....

Post Code:

Please quote Membership Number when making payment. (To be completed by Society).

Signature(s)

Date.....

(* Please delete if not applicable)