**MEMBERSHIP APPLICATION/RENEWAL\* 2018 (\*delete as appropriate)**

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| **YOUR DETAILS** |
| Title: | First name: | Surname: |
| Address: |
| Email: | Telephone: |
| Membership number if known:  |
|  | **Amount payable:** |
| [ ] Full membership £30 | £\_\_\_\_\_\_\_\_\_ |
| [ ] Joint membership £52 | £\_\_\_\_\_\_\_\_\_ |
| [ ] Young membership (21 and under) £17 | £\_\_\_\_\_\_\_\_\_ |
| [ ] Corporate membership £152 | £\_\_\_\_\_\_\_\_\_ |
| **£2 discount on all memberships paid by Standing Order** |
| **TOTAL** |  |
| **GIFT AID DECLARATION**By completing this Gift Aid declaration you enable the Royal Isle of Wight Agricultural Society (RIWAS) to claim back tax from the government, at no cost to yourself.I/We would like the RIWAS to treat all donations I have made since 1 April 2000 and all donations I make from the date of this declaration until I notify you otherwise as Gift Aid Donations. I can confirm I pay income tax and/or capital gains at least equal to the tax the charity claims. |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. You can cancel this declaration at any time by notifying the Hon Treasurer.
2. You must pay an amount of income tax and/or capital gains at least equal to the amount of the reclaim of your donations in the tax year.
3. If in the future your circumstances change and you no longer pay income tax and/or capital gains at least equal to the amount of the reclaim you must notify the Hon Treasurer.
4. If you pay tax at a higher rate you can claim further tax relief in your self-assessment tax return.
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| **STANDING ORDER AUTHORITY****To be returned to RIWAS** |
| To: the Manager(Name and address of your bank) |
| Your account name | Your account branch |
| Your account number | Your account sort code |
| Pay to the account of the **Royal Isle of Wight Agricultural Society** National Westminster Bank, Newport, Isle of Wight |
| Account number: 05019192 | Sort code: 541034 |
| Payment reference (to be completed by RIWAS): |
| The sum of £ |
| On 12/01/2018 and every 12th January hereafter until you receive notice from me in writing. |
| **SIGNED: to be signed by the authorised signatories, in accordance to the signing rules as specified on your current bank mandate.** |