



Membership Form

Registered Charity 1165283



ISLE OF WIGHT GARDENS TRUST

(Charitable incorporated organisation – 1165283)

MEMBERSHIP APPLICATION*/RENEWAL* *Delete as appropriate

Main Member:	Title:	First Name:	Surname:
Address:			
E-Mail:		Telephone:	
Joint Member:	Title:	First Name:	Surname:

Membership Rates with effect from April 2017

Membership year runs from 1st April to 31st March

	<u>Annual</u>	<u>Life:</u>
Individual	£10.00	£100.00
Joint	£15.00	£150.00

Membership:

Individual £

Joint £

Optional Donation

£ _____

Total

£ _____

Signature Date

Please send the completed form with details of payment or cheque to the Treasurer:
T.W.Woodcock, The Old Cottage, Upper Green Road, St Helens, Ryde, Isle of Wight. PO33 1UQ

Upon receipt of this, a membership pack will be sent to you.

for further information please contact Pam England on 01983 752194 or email membership@iowgardentrust.co.uk

By completing this Gift Aid declaration you enable Isle of Wight Gardens Trust to claim tax back from the Government at no cost to yourself.

LIFE MEMBERS pay no extra fees but may complete the Gift Aid form if they have joined in the last four years

Giftaid it: I/We would like IWGT to reclaim tax on any eligible membership subscriptions or donations made by me/us until further notice.

My/Our details are:

First Name	Surname
First Name	Surname
Address	

Please be aware that you must have paid an amount of income and/or capital gains tax at least equal to the amount of tax reclaimed by all charities and Community Amateur Sports Clubs on all your donations in the tax year (6th April one year to 5th April the next)

STANDING ORDER AUTHORITY

To be sent to the Treasurer NOT to your bank.

To: The Manager (Name and address of Bank)	
Pay to the account of Isle of Wight Gardens Trust – CIO Lloyds Bank Plc, 22 St Thomas' Square, Newport, Isle of Wight, PO30 1SQ Sort code: 30-95-99 Account Number: 45468560	
The sum of £ _____ Pounds AMOUNT IN FIGURES AND WORDS Immediately	
And the sum of £ _____ Pounds AMOUNT IN FIGURES AND WORDS	
Every 1 st April hereafter until you receive notice from me in writing	
Reference to be quoted (to be completed by IWGT)	
<i>This order cancels any existing order in favour of this payee</i>	
Signature:	Date:
NAME OF ACCOUNT TO BE DEBITED	
BANK SORT CODE	ACCOUNT NUMBER