**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:   |

M~~e~~mb~~e~~rship Rates (Membership year runs from 1st Apri l to 31st March) ￼

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| --- | --- | --- |
|  | **Annual** | **Life** |
| **Individual** | **£15.00** | **£125.00** |
| **Joint** | **£20.00** | **£180.00** |

Please indicate which membership you wish to have and provide the total value. If you wish to also include an optional donation, please state how much, and give a total value.

Subscription type and value

.................................................................... £ ..............................

Optional donation £..................................................................................

Si~~g~~nature . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date. . . . . . . . . . . . . . . . . ..

Please send the completed form with details of payment or cheque to our Membership Secretary:

 **Sheila Caws, Hillis Side, Rew Street, Gurnard, Isle of Wight PO31 8NW**

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

**For further information please contact Sheila Caws on 07756 895922 or email** **sheila.iwgt@btinternet.com**

 PLEASE MAKE CHEQUES PAYABLE TO **ISLE OF WIGHT GARDENS TRUST**

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

 Life members pay no extra fees but you may complete the form if you have joined in the last four years.

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Information on Gift Aid and standing orders on the second page

*Gift Aid 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)

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**STANDING ORDER AUTHORITY**

**Fill in the form below and take it to your bank to ask them to set up the standing order, or log into your online bank account and set the standing order up using the details below.**

|  |
| --- |
| To: The Manager (Name and address of Bank)   |
| Pay to the account of **Isl~~e~~ of Wi~~g~~ht 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 1st April hereafter until you receive notice from me in writing |
| Reference to be quoted: **SUBS (followed by your surname or as many letters of your surname allowed)** |
| Signature: Date:   |
| NAME OF ACCOUNT TO BE DEBITED  |
| BANK SORT CODE ACCOUNT NUMBER   |