

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 (Membe	ership year runs f	rom 1 st Apri I to 3	11st March)
	Individual	Annual £15.00	Life £125.00	
	Joint	£20.00	£180.00	
Please indicate which membe please state how much, and p		rovide the total	value. If you wi	ish to also include an optional donation,
Subscription type and value			£	
Optional donation			£	
Signature			Date	
	Sheila Caws, Hillis Side, I Upon receipt of thi Irther information please cont	Rew Street, Gu is, a membershi tact Sheila Caws	i rnard, Isle of W ip pack will be se s on 07756 8959	
By completing this Gift Aid decost to yourself.				m back tax from the Government at no
	ers pay no extra fees, but you	may complete	the form if you l	have joined in the last four years.
Gíft Aíd ít <u>:</u> _W	We would like IWGT to reclaim tax or	n any eligible mem	bership subscriptior	ns or donations made by me/us until further notice.
My/Our details are:				
First Name	Surna	me		
First Name	Surnal	me		
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 PLEASE RETURN TO THE MEMBERSHIP SECRETARY AND NOT 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 1st April hereafter until you receive notice from me in writing					
Reference to be quoted (to be completed by IWGT)					
Signature:		Date:			
NAME OF ACCOUNT TO BE DEBITED					
BANK SORT CODE		ACCOUNT NUMBER			