

WELLS CIVIC SOCIETY
Membership and Gift Aid Form

Please return Pages 1 and 3 to: Clare Blackmore, Membership Secretary, Wells Civic Society, Cranleigh, Wells Road, Easton, BA5 1ED

I/We would like to join/renew my/our membership of Wells Civic Society (charity no.208574).

Note: NEW members please also complete the Confirmation of Details form on page 3.

Title _____ First name(s) _____

Surname(s) _____

Full home address _____

Postcode _____ e-mail address: _____

Signature _____ Date _____

Personal Annual Membership Fee (please tick as appropriate)

£15.00 pa single £20.00 pa joint

Corporate Annual Membership Fee (please tick as appropriate)

£25 £50 £100
 < 10 employees 10 – 50 employees > 50 employees

Cheques for the current year should be made payable to Wells Civic Society; for easy renewal a standing order form is attached.

Gift Aid declaration – for present & future donations

If you are a UK tax payer, please help the Charity by completing the following Gift Aid Declaration.



Please treat as Gift Aid donations all qualifying gifts of money made today

in the past four years in the future

Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Please notify the charity if you:

- *Want to cancel this declaration*
- *Change your name or home address*
- *No longer pay sufficient tax on your income and/or capital gains.*

Please return pages 1 and 3 by post to Clare Blackmore, Membership Secretary, Wells Civic Society, Cranleigh, Wells Road, Easton, BA5 1ED, or email as an attachment to blackmore.clare@btinternet.com

Registered as a Charity in England & Wales, number 208574

STANDING ORDER FORM

**THIS SUPERSEDES ANY PREVIOUS INSTRUCTION TO MAKE PAYMENTS TO
WELLS CIVIC SOCIETY**

PLEASE RETURN THIS FORM TO YOUR BANK and NOT to the Society

Complete the following section with the name and full address of your bank, including its postcode:

To: The Manager	
	(name of your bank)
	(full postal address of your bank)
	Postcode

Complete the following section with your name and address:

Name:	
Address:	
	Postcode

Complete the following section with details of the bank/building society account from which you wish your Standing Order to be paid:

Name the bank account is in:	
Bank account number:	Bank sort code:

Complete the following section by deleting the words shown in bold, as appropriate

I/We authorise you to charge my/our account as follows and to continue doing so until you receive written notice to stop or change this Standing Order:	
Signature: _____	Date: _____
Date first payment should be made to Wells Civic Society: 1st October 2018 and annually thereafter	
Sum to be charged (tick box as applicable)	
Personal Membership: <input type="checkbox"/> £15.00 (single membership)	<input type="checkbox"/> £20. 00 (joint membership)
Corporate membership:	
<input type="checkbox"/> £25 (< 10 employees)	<input type="checkbox"/> £50 (10 - 50 employees)
	<input type="checkbox"/> £100 (>50 employees)

Name of bank to be credited:

NatWest
7 High Street
Wells
BA5 2AD

Account Details:

Account name: Wells Civic Society
Sort code: 60-23-06
Account No: 52171256



Wells Civic Society

Confirmation of details form

For new members

In accordance with the General Data Protection Regulation (GDPR) introduced in 2018, the Society is required to obtain your written consent as to the means of communicating with you, whether by post, email, telephone, and/or text.

As a new member, please complete and return this form along with your membership application form, to the address given below. There is a copy of the WCS Privacy Policy document on the society's website <<https://www.wellscivicsociety.org.uk>> please read this document before providing your consent.

N.B. Joint members: please fill in **both** sets of consent boxes.

NAME:

TITLE/S: (Mr/Mrs/Ms/Dr/etc.).....

ADDRESS:.....

.....

TELEPHONE: (Home) (Mobile / Other)

EMAIL:.....

Date..... I consent to you contacting me by (please tick appropriate boxes):

Where possible, please provide consent for email contact, as it is most efficient and economical for the Society

Name	email	post	phone	text

Signature(s):

I give WCS permission to use my contact details as detailed in the Society's Privacy Policy.

Please note: we may not be able to maintain contact with you unless we have your permission, so your assistance in this matter by completing the form is much appreciated