

APPLICATION FOR NEW MEMBER

I hereby apply for membership of this Association subject to the Executive Committee approval and acceptance. The full yearly membership is from 1st January to 31st December of each year.

PLEASE COMPLETE IN BLOCK CAPITALS

Title: Mr / Mrs / Ms / Miss / Other _____

Forename/s _____ Surname _____

Full Address _____

Post code _____ Telephone number _____

EMAIL: _____

Date of Birth: ____ / ____ / ____ Please provide proof of identity & address.

In case of emergency – Telephone number _____

& speak to, name _____

Please provide where you first heard about us? (Tick only one)

Friend Member Notice Board Focus
Website Newsletter Publicity-leaflet Events

Which main activity at the Centre, are you interested in joining? _____

GIFT AID

I confirm that all donations I have made to the New Milton and District Community Association since 6th April 2000 and all donations I make thereafter until I notify you otherwise shall be treated as Gift Aid Donations. I understand that any Tax reclaimed must be covered by Income Tax or Capital Gains Tax paid by me. If at anytime in future Tax years I am not liable to Income Tax or Capital Gains Tax I will advise the Association accordingly. It will not affect my tax return form.

I **DO / DO NOT** (delete as appro[]p[riate]) want any donations treated as Gift Aid

Signature _____ Date ____ / ____ / ____

Joining Fee £ 2.50 New Membership No. _____

Annual Membership Fee £ 8.00 Any Previous No. _____

Annual Car Parking Pass £ 1.00

Car Pass Holder £ 0.50

Temporary Membership Only £ ____ Temporary from ____ / ____ / ____

(£2.00 per month, Max 3 months)

Total received £ _____ and ending on ____ / ____ / ____

Name of receptionist _____ Date ____ / ____ / ____

The New Milton and District Community Association
The Community Centre, Osborne Road
New Milton, Hampshire BH25 6EA
Telephone number 01425 610495