

The Association of Friends of Zetland Court

Bournemouth, Dorset
Registered Charity Number 296598

I would like to apply to become a (please tick)

<input type="checkbox"/>	Friend	(£10.00 per annum)
<input type="checkbox"/>	Friend and Partner	(£15.00 per annum)
<input type="checkbox"/>	Patron	(£50.00 plus £10.00 per annum)
<input type="checkbox"/>	Grand Patron	(£250.00 donation)

If you are applying to become a Friend, Friend and Partner or Patron please complete the standing order mandate and gift aid declaration below. For Grand Patron please enclose your cheque made payable to 'RMBI Association of Friends of Zetland Court' with your application form and gift aid declaration.

Title (Mr, Mrs, Ms etc) _____ Forenames _____

Surname _____

Full Address _____

_____ Post Code _____ Date of Birth _____

E-Mail Address _____ Phone Number _____

LODGE NAME & NUMBER (If applicable) _____

GIFT AID DECLARATION

To: The RMBI Association of Friends of Zetland Court, Registered Charity 296598

I wish all Annual Subscriptions, payments and donations I make or have made from 6 April 2000 until I notify you otherwise to be treated as Gift Aid Donations. I confirm that as a UK taxpayer I pay or have paid income tax or capital gains tax equal to the tax deducted from these sums. I further undertake to notify you immediately in writing if any aspect of this Declaration changes

SIGNED _____ DATE _____

STANDING ORDER AUTHORITY (For Annual Subscription)

To: The Manager BANK _____

BRANCH _____ SORT CODE _____

ADDRESS _____

_____ POST CODE _____

Please pay to:-

NATIONAL WESTMINSTER BANK plc, Canford Cliffs, Poole BH13 7LP for the credit of

RMBI ASSOCIATION OF FRIENDS OF ZETLAND COURT Account Number **05738911** Sort Code **54-30-03**

Quoting reference (Your Surname) _____ the sum of £ _____

_____ (amount in words) commencing on 1st _____

and annually thereafter. Please debit my/our account accordingly until you receive cancellation in writing from me/us.

Account Name to be Debited _____

Account Number _____

SIGNATURE(S) _____ DATE _____

Please send the completed form to:-

**Carolyn Mackay, Membership Secretary, AFZC,
69 Harland Road, Bournemouth. BH6 4DW**