

# The Association of Friends of Zetland Court

Registered Charity Number 296598

I would like to apply to become a (please tick)  Friend (£10.00 per annum)  
 Patron (£50.00 plus £10.00 per annum)  
 Grand Patron (£250.00 donation)

If you are applying to become a Friend, 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 \_\_\_\_\_

**Once completed please send this section of the form to:-**

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

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## 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 1<sup>st</sup> \_\_\_\_\_

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 \_\_\_\_\_

**Once completed please send this section of the form to your bank:-**