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| **THE BENSINGTON SOCIETY – MEMBERSHIP APPLICATION FORM 2024**  **(Membership Year is from 1 Jan to 31 Dec)** |
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| **This form need only be completed in full by NEW members or by existing members to notify us of a CHANGE to their personal details or CHANGE to their tax status for Gift Aid purposes**  There are no restrictions on the numbers joining and a single form showing all first names and surnames can be used for a family or joint application. Please return this form by email to: ***bensingtonsociety@gmail.com***  Please pay by bank transfer to: Account: **Bensington Society**, Account No: **21633260**, Sort Code: **30-99-03** and Reference **“Mship + (Name)”.** If you prefer to pay by cheque or cash please contact us at above email address. |
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| **Title(1): Initials: First Name: Surname:**  **Title(2): Initials: First Name: Surname:**  **Address:**  **Postcode:**    **Email Address (1): Home Tel No:**  **Email Address (2): Mobile No 1:**  **Mobile No 2:** |
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| **Membership Fee is £12 per person for annual membership or £120 per person for life membership**  I have made a bank transfer payment of £ to: **`Bensington Society’**, Acct No: **21633260**, Sort Code: **30-99-03** Reference: **Mship + (Name**)  **OR (Delete as necessary)**  I enclose a cheque/cash for persons for total of £ made out to ***`Bensington Society’*** |
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| **GDPR** |
| ***I agree to the statements below.***   * *I agree to the Bensington Society holding the above personal information for the management of the Society.* * *I understand I may request the removal of my personal information by contacting the Membership Secretary.* * *I am content that the Society should send me information about the Society activities.* * *I understand that the Society will normally contact me by email or phone unless I have notified the Membership Secretary that I prefer another method* * *I understand I may change my preferences by contacting the Membership Secretary.*   Signed: Date:  Failure to complete the declaration may result in your membership application being delayed or refused.  You may read the Society’s Privacy Policy on our website at ***www.bensington-society.com*** or, alternatively, request a copy by email or post from the Membership Secretary at: ***bensingtonsociety@gmail.com*** |
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| **GIFT AID**  **ONLY REQUIRED FOR INITIAL MEMBERSHIP APPLICATION** |
| **Should you wish to Gift Aid your subscription, please complete the form and sign below:**  Title: Initials: First Name: Surname:  House Name or Number: PostCode:  I wish to Gift Aid my/our individual or family membership subscription(s) of **£** and any membership subscriptions I make in the future or have made in the past 4 years to: **Bensington Society.** I am a UK taxpayer.  Signed: Date:  **Please notify the Membership Secretary should you wish to cancel this declaration** |