

FRIENDS OF ST. JOHN'S , SHAROW

MEMBERSHIP APPLICATION FORM

TITLE & FULL NAME(S)

ADDRESS

.....**POSTCODE**

EMAIL**TELEPHONE**

Please enrol me /us for membership of The Friends of St. John's , Sharow, as follows:

(Please tick)

Annual membership - Individual : £10.00 ----- ; Joint (2) : £15.00 -----

(Please delete any of the following which are NOT applicable)

I /We enclose my/our cheque , payable to Friends of St. John's, Sharow, for £

I /We wish to pay by standing order and have completed the form below accordingly.

Please treat this payment and any subsequent payments as Gift Aid . I confirm that I pay Income Tax or Capital Gains Tax at least equal to the tax reclaimable .

DATA PROTECTION : I /We consent to The Friends holding my/our name(s), address(es) and contact details and to their contacting me/us from time to time in relation to my/our membership and/or events or activities which may be of interest to me/us.

PRIVACY STATEMENT : The Friends will hold your information in accordance with a privacy statement which can be found on the Church website : sjsharow.weebly.com . You may request removal of this information at any time.

SIGNED (1)(2).....

DATE

<<< Please return this form to Charles Tease , 79, Whitcliffe Lane, Ripon HG4 2LB >>>

FRIENDS OF ST. JOHN'S , SHAROW
STANDING ORDER FORM

To : Bank

Address

Post Code

From : Name(s)

Address

Post Code

Please pay to Barclays Bank plc (Sort Code 20 - 98 - 98) for the credit of The Friends of St. John's, Sharow, Account number 83470601, THE SUM OF £..... on the 1st. October annually until further notice in writing .

My /our Account Number Sort Code :

SIGNED

DATED

** (This form should be returned to the Payer's Bank)*