

MEMBERSHIP FORM

Personal Details

Title: Mr Mrs Miss Ms (please tick relevant box)

Surname: _____

Forename: _____

Date of birth: _____

Home Address: _____

Postcode: _____

Home telephone: _____

Mobile phone: _____

Email: _____

JOINT MEMBERSHIP – Please complete the joint member's name here:

Please GIFT AID your subscription
Gift aid makes your gift worth at least 20% more at no extra cost to you

Please treat as Gift Aid donations all qualifying gifts of money made

- Today
- In the past 4 years
- In the future

← Please tick all boxes you wish to apply
Date: _____

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.
If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

TYPE OF MEMBERSHIP

Please select your type of membership below

| AUDIENCE MEMBERSHIP | | Tick one box only |
|--|-----|--------------------------|
| Single audience membership | £15 | <input type="checkbox"/> |
| Senior citizen audience membership* | £12 | <input type="checkbox"/> |
| Joint audience membership (two people at the same address) | £30 | <input type="checkbox"/> |
| Joint senior citizen audience membership* (two people at the same address) | £24 | <input type="checkbox"/> |
| Under 25/student/concessionary membership* | £10 | <input type="checkbox"/> |

| FULL MEMBERSHIP | | Tick one box only |
|--|-----|--------------------------|
| Single full membership | £30 | <input type="checkbox"/> |
| Senior citizen full membership* | £25 | <input type="checkbox"/> |
| Joint full membership (two people at the same address) | £50 | <input type="checkbox"/> |
| Joint senior citizen full membership* (two people at the same address) | £40 | <input type="checkbox"/> |
| Under 25/student/concessionary membership* | £12 | <input type="checkbox"/> |

*Under 25/student/senior citizen membership, please complete your date of birth under Personal Details

PAYMENT DETAILS

Please enrol me for:

- Audience Membership
- Full Membership

I wish to pay by:

- Direct Debit**
(please complete the Direct Debit form overleaf)
- Bank Transfer**
(quoting your full name as the reference)
Account: Teddington Theatre Club Limited
Sort Code: 40-52-40
Account No: 00004643
- Cheque**
(please make cheque payable to Teddington Theatre Club Ltd)

If you would like to Gift Aid your subscription, please complete the relevant section opposite.

FULL Members only:

Please tick the following activities in which you are interested in taking part or helping with:

| | |
|---|---|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Bar |
| <input type="checkbox"/> Costumes | <input type="checkbox"/> Directing |
| <input type="checkbox"/> Front of House | <input type="checkbox"/> Set Design |
| <input type="checkbox"/> Set Building | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Stage Management | <input type="checkbox"/> Backstage |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Musical Instrument |

Other relevant specialist skills:

Charity Name:
Teddington Theatre Club Ltd

Name and full postal address of your Bank or Building Society

To The Manager

Bank/Building Society

Address _____

_____ Post Code _____

Name(a) of account holder(s):

Account Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Branch sort code:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|



Instruction to your
Bank or Building
Society to pay by
Direct Debit

Service User Number

| | | | | | |
|---|---|---|---|---|---|
| 6 | 9 | 1 | 2 | 1 | 3 |
|---|---|---|---|---|---|

CAF, Kings Hill, West Malling, Kent, ME19 4TA

Instruction to your Bank or Building Society

Please pay Charities Aid Foundation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain within Charities Aid Foundation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

The Direct Debit Guarantee

This guarantee should be detached or copied and retained by the Payer



- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, Charities Aid Foundation will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Charities Aid Foundation to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Charities Aid Foundation or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - if you receive a refund you are not entitled to, you must pay it back when Charities Aid Foundation asks you to
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also send a copy of your letter to us.



MEMBERSHIP FORM

When completed,
please send this form to:

The Membership Secretary
Hampton Hill Theatre
90 High Street
Hampton Hill, Middlesex TW12 1NZ

www.teddingtontheatreclub.org.uk

Teddington Theatre Club is a company registered in
England, registration number 00939448 and a
registered charity, number 257265

Amended 17.5.16