MEMBERSHIP APPLICATION

Name: ........................................ .

Address: .......................................

Telephone: .................................... .

Email: ..........................................

I/We wish to become a Friend(s) of Holy Trinity Church Bembridge.

Please see overleaf for membership rates -

annual subscription commencing on 1 January 2025.

□

Enclosed completed standing order form (preferred)

□

Enclosed cheque,

if paying by cheque please make this payable to: "Friends of Holy Trinity Bembridge"

□

Direct to "Friends of Holy Trinity Bembridge" Lloyds Bank, Sort Code: 30-97-21 Ace: 00039267.

Gift Aid: I want to Gift Aid my donation now and in the

□

future to Friends of Holy Trinity Bembridge.

I am a UK taxpayer and understand that if I pay less Income Tax and/or CGT than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signed ........................................ .

Date .......................................... .

Send to: The Treasurer ofThe Friends

c/o The Vicarage, Bembridge, IW PO35 SNA

We would like to use this information to contact you

about Friends' events and initiatives and will hold your details for a period of two years.

□

Please tick this box to say that you agree