<u>Sussex Ouse Restoration Trust – Membership Application Form</u>

Please place a circle around your chosen membership *category* below:

UNWAGED / STUDENT / RETIRED INDIVIDUAL	£ _ £ _ cil of Ma	
I/we hereby agree, if elected, to be bound by the provisions and enclose a cheque in favour of the 'Sussex Ouse Restor donation. Please note that the subscription year runs from cover the period from the date of joining until the 31st Dece the 1st of January each following year.	ration T Januar	rust Ltd' in respect of my/our total subscription and ry 1st to December 31st. Your first subscription will
Please delete either of the following statements if not applic	able:-	
 I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give. I agree to my details being stored on the Trust's database for use by authorised Trust officials only for the sole purpose of managing my membership of the Trust. 		
Signed:		Date:
Please complete the following details in block capitals:	-	
Title (Mr/Mrs/Ms etc.): First or Given Nam	e:	
Last or Surname:		
Address:		Post Town:
County:Post Code):	Telephone:
e-mail:		
Nominated 2 nd voting family member (family membership):		
(to be eligible to vote, this person must live at the same add	dress a	nd be over 18 years of age)
If you would like to join in and help with the restoration either you have a particular skill / ability which would benefit the Truraising; Publicity; Environmental / Conservation advice; Adm	ust, ple	ase indicate your interest :- Working Parties; Fund-
Please complete the Banker's Order form below (if appr	ropriat	e):- To your Bank: -
Name of Bank: Sort Code	:	Account No:
Bank Address:		
Please pay to Lloyds TSB Bank, 82 High Street, Lewes, (so Restoration Trust Ltd', A/C No. 02310952, the sum of: £		
Signed:		Date:
To the Bank: Please quote the following membership numl Membership Secretary):	ber whe	en making payment (to be completed by the

Please return this form to: