

Membership Application and Gift Aid Declaration

Please complete a separate form for each adult and return this form with your payment to our Membership Secretary

 ${\it Charlie\ Stothard.}\ 5, The\ Lawns, Collingham.\ NG 23\ 7NT: cwstothard@gmail.com$

Please make cheques payable to Collingham and District Local History Society.

Title:	Forename:	Surname:	
Address & l	Postcode:		
Telephone	:		
Email (plea	se print):		
I wish my s	ubscriptions to be	eligible for Gift Aid: Yes No	
	If you wish to enable us	to reclaim an additional 25% of your subscription (f) please tick 'Yes' and fill in a separate Gift Aid (f)	on from the Tax Man
Signature	:	Date:	
this is explain	ned in the Privacy Stat	rship, CDLHS has to record and process you tement which can be found on the CDLHS If you would like to receive a copy of this a s above.	website at www.collingham-
Membershi	ip No. [please leave	e blank] :	
	Gift A	id Declaration	Collingham & District Local History Society
the tax that that I may I that the NL Tax and/or	t I have paid on my sub make. I pay an amoun HA reclaims on my su	the Collingham and District Local History escription(s) and donation(s) to the Society t of UK Income Tax and/or Capital Gains Tobscriptions/donations in the appropriate to the amount of Gift Aid claimed on all my eference.	on any future contributions Fax at least equal to the tax ax year. If I pay less Income

Date:

Signature: