

Application for Membership



Name

Address

..... Postcode

Email

Telephone Date/...../.....

Please tick below how you wish to receive your newsletters
 post email or pickup from the Cemetery office

! The annual membership runs from the **1st January**. If you apply in the last 4 months of the year, the following years membership will be included.

Please complete either section 1 or section 2		Membership	£8.00
1	I am an existing/new* member and enclose a cheque made payable to The Sheffield General Cemetery Trust for the TOTAL stated. <small>*delete as applicable</small>	Donation	
		TOTAL	

2	I am an existing/new* member and would like to pay regularly by Standing Order. Please complete the Standing Order bank mandate opposite, detach and send to your bank. <small>*delete as applicable</small>	Please tick to confirm the Standing Order mandate has been sent <input type="checkbox"/>
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-- GIFT AID DECLARATION --

I would like the tax reclaimed on any eligible donations or membership subscriptions that I have made or will make to the Sheffield General Cemetery Trust until further notice. I confirm that I pay an amount of UK income or capital gains tax at least equal to the tax that the Sheffield General Cemetery Trust will reclaim. **Should any circumstances change I will inform you.**

Name

Signature Date/...../.....

Please tick to confirm your gift aid donation

Please return this part of the form with your cheque (if applicable) to
**Alex Quant, The Cemetery Gatehouse,
 Cemetery Avenue, Sheffield S11 8NT**

STANDING ORDER BANK MANDATE

Please fill in the details below and send to your bank

Please write the name and address of your bank

Bank

Address

.....

.....

Postcode

Please pay **Unity Trust Bank** (a/c 20142443, sort code 08-60-01) to credit the **Sheffield General Cemetery Trust** the amount below from the following account :

Account Name

Account Number **Sort Code**

Amount £

Reference*

*please indicate your surname as this will help with our records

I wish the payment to start from

date/...../.....

.. payable annually until cancelled by me/us* in writing

***OR**

***Final payment on**/...../.....

*delete as applicable

Signature(s)

.....

Date/...../.....

NOTE -- the bank will not undertake to make any reference to Value Added Tax or other indeterminate element, advise payer's address to beneficiary, advise beneficiary of inability to pay and request beneficiary's banker to advise beneficiary of receipt.