



MEMBER DETAILS	GIFT AID
Name _____ _____	<input type="checkbox"/> I want to gift aid my subscription and donation and any subscriptions and donations I make in the future or have made in the past 4 years to OCPS. 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. OR <input type="checkbox"/> I am not a UK tax payer Note 1: Please notify the charity if you - Want to change this declaration - Change your name or home address - No longer pay sufficient tax on your income and/or capital gains Note 2: If you pay Income Tax at higher or additional tax rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your tax return or ask HMRC to adjust your tax code.
Address _____ _____	
Email _____	
I consent to being contacted about OCPS news and events <input type="checkbox"/>	
Tel/Mob _____	
Subscription Fee £15 pp	
Donation £ _____ Gift Aid <input type="checkbox"/>	

SUBSCRIPTION DETAILS
Please pay OCPS Total Subscription Fee for the members listed above: £ _____ And a Donation of : £ _____
Please select one option below:
<input type="checkbox"/> STANDING ORDER Please complete Standing Order form below & return to the Membership Secretary
<input type="checkbox"/> CHEQUE Enclose Cheque with completed form & return to the Membership Secretary
<input type="checkbox"/> BANK TRANSFER Bank Account Name: Old Chiswick Protection Society Bank Sort Code: 40-52-40 Bank Account Number: 00036342 Reference: <Please use your name>
And return completed form to the Membership Secretary

STANDING ORDER FORM
In order to set up regular annual payments to OCPS, including the first subscription fee, please complete the form below and return to Membership Secretary.
To Bank Manager <u><Your Bank Name></u> <u><Your Bank Address></u>
I/We hereby authorise and request you to debit my/our account <u><Your Bank Sort Code></u> <u><Your Bank Account Number></u> <u><Total Subscription Fee Amount> £ _____, to be paid annually.</u> First payment IMMEDIATELY and thereafter on 6 th April each year.
And credit the following CAF Bank Account Account Name: Old Chiswick Protection Society Bank Sort Code : 40-52-40 Bank Account Number: 00036342
REFERENCE (mandatory): <Your Name/s> _____
Sign _____ Date _____