

New Member Application Form 2021 - 2022

Person 1	Mr	Mrs	Miss	Surname	First name	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Email Address:				Mobile number:	Membership no.

Person 2	Mr	Mrs	Miss	Surname	First name	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Email address:				Mobile number:	Membership no.

Landline Telephone number:

Address

Postcode:

How would you like to receive your newsletter? (tick) By email Collect from reception

The yearly membership fee is £10 per adult, £2 for under 18s payable by cheque or cash.

Please enclose your subscription fee with this form

I/WE AGREE TO ABIDE BY THE CONSTITUTION AND STANDING ORDERS OF HIGHCLIFFE COMMUNITY ASSOCIATION AND AGREE TO THE ABOVE INFORMATION BEING STORED IN THE HCA AS PER THE HCA GENERAL DATA PROTECTION POLICY DOCUMENT. HCA NEVER SHARES PERSONAL DETAILS.

Person 1 Signature: _____ Date: _____

Person 2 Signature: _____ Date: _____

GIFT AID: if you pay UK income tax, HCA can reclaim 25p for each £1 you pay in respect of your subscription. I would like The Highcliffe Community Association to treat all subscriptions and donations I make from the date of this declaration as Gift Aid donations until I notify you otherwise.

Your gift Aid Declaration must be cancelled if you no longer pay income tax.

Person 1 Signature.....Date.....

Person 2 Signature.....Date.....

For reception staff only		Tick when complete	Initials	Date
Check	Fee in money bag in post box.			
	Membership form in yellow folder			