

**HCA Membership Renewal 2026 - 2027**

Title	First name	Surname	
Email Address:		Mobile number:	Membership no.
Landline Telephone number:			
Address			
Postcode:			
How would you like to receive your newsletter?		By email:	Collect from reception:
<p><b><u>The yearly membership fee is £10 per adult, £2 for under 18s payable by cheque or cash.</u></b>  <b><u>Please enclose your subscription fee with this form</u></b>                  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.</p>			
Signature:		Date:	
<p><b><u>GIFT AID:</u></b> 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.  <b><u>Your gift Aid Declaration must be cancelled if you no longer pay income tax.</u></b></p>			
Signature .....		Date.....	

**FOR RECEPTION STAFF ONLY**

AMOUNT PAID: £

CASH/CHEQUE/BACS.

NAME: .....

DATE: