

New Member Application Form 2026 - 2027

Person 1	Mr	Mrs	Miss	Surname	First name	
	Email Address:				Mobile number:	
Person 2	Mr	Mrs	Miss	Surname	First name	
	Email address:				Mobile number:	

Landline Telephone number:

Address

Postcode:

How would you like to receive your newsletter? (tick)

By email

Collect from reception

For research purposes only:

Please supply your year of birth for each member (1).....(2).....

Do you have any disability? Yes/No

How did you hear about Greystones?

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

AMOUNT PAID: £

CASH/CHEQUE/BACS.

NANE: DATE: