



Charity 269308

# Romsey & District Society

Philip Warner Secretary  
02380 813400  
philipwarneruk@aol.com

## MEMBERSHIP FORM

*Send this form only if you pay by cheque or send both this form and the standing order if you pay by standing order (which we prefer)*

**Send to:**

The Membership Secretary  
Dr. J. Wattie, 8 Old Farm Copse, West Wellow, Romsey, Hampshire SO51 6JR

**PLEASE PRINT**

Type of membership - Adult  Family  Life

Pensioner  Life

**Name(s):**

Mr.....

Mrs.....

Miss.....

Title?.....

**Address:**

.....

.....

.....

Post code.....

Telephone:.....

Fax:.....

Email:.....

Date:.....

**Subscription - per annum including News Sheets**

**Adults:** £9. Family - £15. Life - £100

**Pensioners:** £ 5. Life - £50

28% recoverable by us from the Inland Revenue if you sign the Gift Aid form below



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## STANDING ORDER

You may pay by cheque if you prefer but this form saves paperwork when subscriptions are due on 1st November each year. **Please send it to the Membership Secretary - NOT your bank.**

Please **PRINT**

**TO:** Name and address of your bank:

The Manager

.....  
.....  
.....

**PAY TO:** Romsey & District Society  
A/c: 03019462 Sort code: 40-39-05  
HSBC, Market Place, Romsey, Hampshire SO51 8XD

Commencing: immediately / on 1st November .....  
and on 1st November each year

*Please delete as appropriate. If you join between 1 August and 31 October you are immediately a member but we do not start your subscription year until 1 November.*

**The sum of:** (words).....  
(figures) £.....

Debit my A/c No: .....Sort code:.....

Signature:.....

Full Name (capitals please):  
.....

Address:.....  
.....  
.....

Date: .....



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### GIFT AID FORM

By signing this additional form, Romsey and District Society can recover from the Inland Revenue 28p in the £ of all subscriptions paid to the Society.

Statement:

I declare that all donations that I make now and in the future to the Romsey & District Society (Reg. charity 269308) should be treated as Gift Aid donations. I am a UK taxpayer.

**Please print your full name here:**.....

Signature:.....

Date: .....