 **POOLE MARITIME TRUST**

 **Charity No 266240**

 **6 Western Rd, Poole, BH13 7BN**

**The Trust offices, library and archive, above Canford Cliffs Library, are open each Thursday from 10.00am to 12 noon**

 **Tel: 01202 706673 e-mail: poolemaritimetrust@aol.com**

**APPLICATION FOR MEMBERSHIP**

Please use BLOCK CAPITALS

Forename.............................................................. Surname....................................................................

Spouse/Partner’s name..................................................................................................................................

Address...........................................................................................................................................................

..........................................................................................................................Postcode...............................

Email................................................... Telephone: ………………………………. Mobile .....................................

Occupation/Interests......................................................................................................................................

I/We hereby apply for single/family membership of the Poole Maritime Trust and acknowledge that this information will be retained by relevant officers of the Trust and used to keep you informed of events arranged by the Trust, or others, and covering the interests encompassed by the Trust. This information will be deleted when you cease to be a member.

Single Membership **£20/annum** paid by Banker’s Order

Family Membership **£30/annum** paid by Banker’s Order

**Please complete the Standing Order mandate overleaf and if appropriate the Gift Aid request**.

I/We wish to make a one-off donation to the Poole Maritime Trust of £………………**Please forward a cheque payable to Poole Maritime Trust and send to The Treasurer, Poole Maritime Trust, 6 Western Road, Poole BH13 7BN and, if appropriate, complete the Gift Aid request overleaf.**

**I hereby give permission for POOLE MARITIME TRUST to retain my details in accordance with the latest**

**GDPR** *(Please tick)***:**

Signature…………………………………………………………………………………………Date…………………………………………………….

Please return your completed form (both sides!) to

**Membership Secretary**

**Poole Maritime Trust**

**6 Western Rd, Poole, BH13 7BN**

 

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In order to pay for annual membership to Poole Maritime Trust, it is requested that all new members pay by standing order. This is a fixed amount paid on the same date annually, and you are invited to select either £20 for single membership\* or £30 for family membership\* (and this includes couples). Please kindly complete the Standing Order Mandate below and forward it with your Application Form to the Membership Secretary at the above address.

Your name (block capitals, please). ………………………………………………………………………

**STANDING ORDER MANDATE**

To…………………………………………………. (name of **your** Bank) Sort Code……………………..

Address of Bank……………………………………………………………………………………………………….

Account name………………………………………………………. Account No…………………………….

Please set up the following Standing Order and debit this account payable to:

**Poole Maritime Trust, Lloyds Bank, 101 High Street, Poole, Dorset, BH15 1AJ**

**Sort Code 30-99-50. Account 17098962**

\*SUM of £20 (single membership) payable immediately and then each year, same date

\*SUM of £30 (Family membership) payable immediately and then each year, same date

**(Delete as appropriate).**

**Customer’s signature……………………………………………………………. Date…………………………………………**

 **PTO**

We acknowledge the Bank will undertake not to:

 1 Make any references to Value Added Tax or other indeterminate element

 2 Advise payer’s address to beneficiary

 3 Advise beneficiary of inability to pay

 4 Request beneficiary’s Banker advise beneficiary of receipt

**GIFT AID**

**TAX RECLAMATION REQUEST**

If you are prepared to allow Poole Maritime Trust to recover the tax paid on your subscription, please complete the form below:

I would like the Poole Maritime Trust to reclaim tax on all my contributions to The Trust

subsequent to 6th April, 2000, until further notice.

I confirm that I pay sufficient income or capital gains tax to cover the amount that Poole Maritime Trust will reclaim.

Signature……………………………………………………… Date………………………………………………………

Forename…………………………………………………….. Surname……………………………………………….

Address………………………………………………………………………………………………………………………………….

………………………………………………………………………. Postcode……………………………………………….

Please return your completed form to:

The Membership Secretary

Poole Maritime Trust

6 Western Road

Poole

Dorset BH13 7BN