Please return to Stella Bury Norton, Walpole Avenue, Chipstead, CR5 3PQ



2019 MEMBERSHIP APPLICATION

Full Name(s)				
Address				
	Post Code	Tel.No		
Email Address				
I/We wish to apply for membership or	f the Society and agree to	pay an annual subscription of	£ (minimum £20)	
Signature(s)		Date		
GIFT AID DECLARATION in favor				
1.I declare that all gifts and donations declaration be treated as Gift Aid don 2. I confirm I have paid or will pay an to 5 April) that is at least equal to the (CASCs) that I donate to will reclaim and Council Tax do not qualify. I und 3. Joint declarations are not permitted declaration provided that he or she co	ations for my lifetime or amount of Income Tax amount of tax that all the on my gifts for the curre erstand the charity will r . In the case of joint subs	until I advise the Society otherwand/or Capital Gains Tax for the charities and Community Amaent tax year. I understand that otheclaim 25p of tax on every £1 the scriptions or donations one taxpa	wise. e current tax year (6 April teur Sports Clubs her taxes such as VAT nat I have given. ayer may complete the	
Full name				
Address				
		Post Code		
Signed				
BANKERS' ORDER (Please do not			:===========	
Bank Name				
Bank Address				
		Post Code		
Please pay the sum of £Amo	ount in words			
Onor immedia	tely upon receipt of these	e instructions if later, and then a	nnually on the same day	
To: Chipstead Village Preservation So Lloyds Bank plc, 21 Station Avenue,		Account number 01740328	Sort Code 30 91 72	
Please debit the following account:				
Account Name	Accou	nt number	Sort Code	
Authorised account signature(s)				

Your data is held securely, please see the CVPS Privacy Policy on www.chipsteadvillage.org