**RENEWAL OF MEMBERSHIP OF GUILDFORD ART SOCIETY**

Dear Member

Your annual subscription for Guildford Art Society is now due for renewal. Subscription is:

|  |  |  |
| --- | --- | --- |
| £30 Postal Member | £25 Email Member | £12.50 under 25 yrs old |

**Please tick type of membership required:**

⬜ Postal Member (+ ad hoc emails) ⬜ Email Member

⬜ Under 25 years old, please state your age ……………….. & date of birth ……………….…….……………………..

**PAYMENT**

**1) By Standing Order (SO)**  Please arrange this through your bank using the following details. NB: all subscriptions renewals are due in January, please set up your SO to go out in the January of subsequent years, regardless of your original month of joining.

|  |  |
| --- | --- |
| **For the Credit of** | **Guildford Art Society** |
| **Pay To** | **Lloyds TSB, 147 High Street, Guildford, GU1 3AG** |
| **Sort Code** | **30-93-74** |
| **Account Number** | **03885619** |

*Please remember that it is your responsibility to inform your bank of changes to your standing order. Please inform us if you should change or cancel your standing order during the year.*

**2) By Electronic Transfer** using the details above.

**3) By Cheque/Post** Please send a cheque, payable to Guildford Art Society, to Linda Roberts at the address below.

**□** **GIFT AID**

Please tick the box above if you agree with the following statement:

***I am a UK taxpayer and would like Guildford Art Society to reclaim the tax on all qualifying donations I have made since 20 February 2016, as well as any future donations, until I notify them otherwise. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in the tax year which they are received, it is my responsibility to pay any difference.***

**Please notify Guildford Art Society** if you 1) want to cancel this declaration 2) change your name or home address

3) no longer pay sufficient tax on your income and/or capital gains.

Name .......................................................................................................... Title ………..… Date ……….……………………………

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

…………………………………………………………………….…………… Under 25s date of birth ………………………………………...

Postcode .....................................................Tel ....................................................................................................................................

**IMPORTANT** email address, including postal members ...................................................................................................................

Amount paid ............................................ Method of payment .................................................................................

**WHICHEVER METHOD OF PAYMENT YOU CHOOSE, PLEASE RETURN THIS FORM TO:**

**DR DAVID G JOBSON, GAS MEMBERSHIP, 8 KESTREL CLOSE, GUILDFORD, GU4 7DR,**

**OR BY EMAIL TO** **d\_jobson@me.com**