

*Friends of
West Mersea
Parish Church*



APPLICATION FOR MEMBERSHIP (per person only)

I wish to join the Friends of West Mersea Parish Church and will pay

- £2 a month by standing order **OR** £24 a year by standing order
OR £24 a year by cheque (payable to Friends of West Mersea Parish Church)
OR £24 a year by BACS transfer

Your name _____

Address _____

_____ Post Code _____

Email _____

Phone _____

By signing this form you are confirming that you consent to the Friends of West Mersea Parish Church holding and processing your personal data to keep you informed of events and activities organised and supported by the Friends.

I consent to the Friends of West Mersea Parish Church contacting me by

- email phone post (please tick all applicable)

Signed _____ Date _____

Our Privacy Notice can be seen on our website: www.fwmpc.org.uk

Gift Aid

Please treat as Gift Aid donations all qualifying gifts of money from the date of this declaration and in the past four years.

I am a UK tax payer and 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 that tax year it is my responsibility to pay the difference.

Signed _____ Date _____

Please return this form to Membership Secretary, FWMP, West Mersea Parish Church, West Mersea, CO5 8QD

To set up your own standing order or to pay electronically by BACS transfer, the bank details are:

Barclays Bank, 10 Yorick Road, West Mersea, CO5 8HX

Account: Friends of West Mersea Parish Church

Sort Code: 20-22-67

Account no.: 43164136 giving your name as reference

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Bankers Order Instruction (please send to your bank)

To: The Manager

_____ Bank/Building Society

Address and Post Code _____

Please pay to: The Friends of West Mersea Parish Church
Barclays Bank, 10 Yorick Road, West Mersea, CO5 8HX
Sort Code: 20-22-67 Account no.: 43164136 until further notice

£ _____ (min £2.00) on 1st of each month starting (date) _____

OR £ _____ (min £24) on (date) _____ and on the same date each subsequent year.

Donor's name _____

Address _____

_____ Post Code _____

Sort Code _____ Account no. _____

Signature _____ Date _____