

The Sheffield General Cemetery Trust

Application for Membership



Name


Address

.....

..... Postcode

Email

Telephone Date/...../.....

 Please tick below how you wish to receive your newsletter
 post email or pickup from the Cemetery office

! The annual membership runs from the 1st January.
Apply from 1st September and the following year's membership will be included!

Please complete either section 1 or section 2		Membership	£8.00
1	I am an existing/new* member and enclose a cheque made payable to the Sheffield General Cemetery Trust for the TOTAL stated. *delete as applicable	Donation	
		TOTAL	

2	I am an existing/new* member and would like to pay by Standing Order. Please complete the Standing Order bank mandate opposite, detach and send to your bank or use the details for online banking. *delete as applicable	Please tick to confirm that you have set up a Standing Order payment <input type="checkbox"/>
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-- GIFT AID DECLARATION --

I would like the tax reclaimed on any eligible donations or membership subscriptions that I have made or will make to the Sheffield General Cemetery Trust until further notice. I confirm that I pay an amount of UK income or capital gains tax at least equal to the tax that the Sheffield General Cemetery Trust will reclaim. Should any circumstances change I will inform you.

Name

Signature Date/...../.....

Please tick to confirm your gift aid donation

Please return this part of the form with your cheque (if applicable) to
Alex Quant, The Gatehouse, Cemetery Avenue, Sheffield S11 8NT
 Registered Charity Number - 1103158 September 2015 www.gencem.org

Standing Order Bank Mandate



! Please fill in the details below and **SEND THIS FORM TO YOUR BANK.**
 If you prefer, you can use our account number and sort code below to setup a standing order through your online banking service.

Please write the name and address of your bank

Bank

Address

.....

.....

Postcode

Please pay Unity Trust Bank (a/c number 20142443 - sort code 60-83-01)
 to credit the Sheffield General Cemetery Trust the amount below
 from the following account :

Account Name

Account Number Sort Code

Amount £

Reference*

*please indicate your surname as this will help with our records

I wish the payment to start from this date/...../.....
 .. which is payable annually until cancelled by me/us* in writing

***OR**

*Final payment on this date/...../.....

*delete as applicable

Signature(s)

.....

Date/...../.....

NOTE - - the bank will not undertake to make any reference to Value Added Tax or other indeterminate element, advise payer's address to beneficiary, advise beneficiary of inability to pay and request beneficiary's banker to advise beneficiary of receipt.