

SGCT Application for Membership



Sheffield General Cemetery Trust



Name
 Address

 Postcode
 Email
 Telephone Date/...../.....

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

! Membership runs for 1 year from the date you apply

Please complete either section 1 or section 2		Membership	£10.00
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 <input type="checkbox"/> to confirm that you have set up a Standing Order payment
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Please return this part of the form with your cheque (if applicable) to **The Gatehouse, Cemetery Avenue, Sheffield S11 8NT**

! PLEASE READ & SIGN THE GIFT AID & PRIVACY DECLARATIONS ON THE OTHER SIDE OF THIS FORM

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.

-- 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 _____

Signed _____ Date ____/____/____

Please tick to confirm your gift aid donation

-- PRIVACY NOTICE --

We are the Sheffield General Cemetery Trust of Cemetery Avenue, Sheffield S11 8NT.

We will only collect data which you provide to us on this form or data which is included in any references about you we receive.

This data will be used only for the purposes of contacting you to ask for help or let you know about meetings, events or assessing your suitability to volunteer.

We will not use this data for any other purpose nor will we share the data with any third party.

We will not keep your personal data for any longer than is necessary to fulfil the purpose for which we collected it, or to comply with any legal purpose.

If you wish us to correct or delete any of your personal data or see what data we hold, please let us know.

Signed _____ Date ____/____/____