



### MEMBERSHIP APPLICATION FORM

Please return this form with first subscription to: The Membership Secretary, The Tower Theatre, North Road, Folkestone, Kent CT20 3DH, or send to membership@fhods.org.uk

Please complete – BLOCK CAPITALS PLEASE

Mr/Mrs/Miss/Ms/Other .....

First Name .....

Surname .....

Address .....

.....

.....

Post Code .....

Date of Birth  
(Acting and Youth Members only) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Telephone .....

Mobile .....

Email .....

I have paid by cash/card/cheque or Standing Order  
(Nat West Account No: 56227957 / Sort code: 52 – 41 – 42)  
the sum of £\_\_\_\_\_ for membership to FHODS

I/We wish to receive notices and newsletters from  
FHODS via:-  Email  Post

ANY CASH IS SENT ENTIRELY AT THE REMITTER'S OWN RISK

#### Types of Membership and Subscription Rates 2019/20

(Please tick)

Acting  £30.00

Joint Acting  £50.00

Family  £75.00  
(Up to 2 parents/guardians and their children)

Youth  £20.00

Friends  £20.00

Joint Friends  £25.00

I/We agree to abide by the rules of FHODS and consent to my/our personal information being held on a computer database.

Joint members – both to sign

Signed..... (1)

..... (2)

Parent/Guardian for Youth member

X.....X

Dated.....

For Office Use Only:

GAM data  GAM (pay)  MC

Database  GAM letter  M Card

Notes:

1. YOUTH Members are aged up to 17 years and the consent of a parent or guardian is required. The Society operates a Child Protection Policy. ACTING Members aged 18-22 in full time education will also be eligible for the Youth member rate.
2. The initial payment to FHODS should be by card/cheque/cash/Standing Order. After which all subsequent payments should be by Standing Order via Online Banking, or sending the slip below to your bank. Cheques should be made payable to FHODS.

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### Instruction to your Bank for a Standing Order

To The Manager (Your Bank)

.....PLC

.....

.....

From Account

Name.....

Bank Sort Code (      -      -      )

Account Number.....

Reference: FHODS Membership



## Gift Aid declaration – for past, present & future donations

Name of charity:

**THE FOLKESTONE-HYTHE OPERATIC & DRAMATIC SOCIETY CIO**

Charity number 1180504

Please treat as Gift Aid donations all qualifying gifts of money made.  
 (Please tick all boxes you wish to apply)

today  in the past 4 years  in the future

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April and will reclaim 25p of tax on every £1 that I give on or after 6 April.

**Donor's details**

Title \_\_\_\_\_ First name or initial(s) \_\_\_\_\_

Surname \_\_\_\_\_

Full home address \_\_\_\_\_

Postcode \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please notify the charity if you:**

- *Want to cancel this declaration*
- *Change your name or home address*
- *No longer pay sufficient tax on your income and/or capital gains.*

*If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.*

✍ \_\_\_\_\_

Please pay to **National Westminster Bank PLC, Folkestone Sort Code 52 – 41 – 42**

for the credit of **The Folkestone & Hythe Operatic & Dramatic Society CIO - Account No. 56227957**

**Charity number: 1180504** the sum of £ \_\_\_\_\_ (amount in words) \_\_\_\_\_

**Date:** \_\_\_\_\_ **Annually** commencing \_\_\_\_\_ until this order is cancelled by me/us in writing.

**Print Name**..... (Account Holder)

**SIGNED**..... (Account Holder)