

**DRY STONE WALLING ASSOCIATION
MEMBERSHIP APPLICATION FORM 2020**

I wish to join DSWA **or** I wish to renew my subscription*. (* delete as necessary)

| | | | |
|------------------------------|--|---------------|--------|
| Open Member | £38.00 | Overseas Open | £43.00 |
| Joint Member | £60.00 (two open members at same address – only one set of all mailed information) | | |
| Professional Member | £115.00 | | |
| Corporate Member | £175.00 | | |
| Junior Member – under 16 | £5.00 (date of birth required) | | |
| Full-time student/unemployed | £22.00 (proof of status may be required) | | |

Membership runs January to December and there are no part payments. However if you are joining for the very first time after the financial year end (September onwards) your membership will cover the remainder of the current year and the whole of the following year.

Full name:

Full Postal Address:

Postcode:

Telephone:

Mobile Phone (if applicable):

Email (if applicable):

Date of birth: (mandatory for junior members)

Please identify which branch you would like to be put in touch with if appropriate:

Personal data will be stored on a computerised system to enable DSWA to meet its obligations to members.

Details of Open Members are not circulated outside the Association. Please tick box to confirm you agree to this.

Cheques payable to DSWA and return to DSWA, Lane Farm, Crooklands, Milnthorpe, Cumbria, LA7 7NH. If you wish to pay by credit card please complete the following and sign the form. You can also pay via the website, simply follow the links from the Join Us section, www.dswa.org.uk.

Name of cardholder:

Card number:

Expiry date: Valid from:

Issue number (if applicable) Security Code

Signature:

If, as an individual, you pay UK tax, then in addition to your membership fee, the DSWA can claim an extra 25% from HM Revenue and Customs at no further cost to you. All you need to do is sign the Gift Aid Declaration form below.

GIFT AID DECLARATION

I (Full name)

of (Address).....

..... Postcode

want the charity to treat

- the enclosed gift of £..... as a Gift Aid donation*
- all gifts of money that I make from the date of this declaration until I notify you otherwise as Gift Aid donations*
- all gifts of money I have made for the past four years **and** all future gifts of money I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.*

(*delete as appropriate)

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that all charities which you donate to will reclaim on your donations in the appropriate tax year (currently 25p for each £1 you give). Taxes such as VAT and Council Tax do not qualify.

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