The Somerset & Dorset Family History Society

PO Box 4502, Sherborne, Dorset, DT9 6YL. Registered Charity No.1010351

2017 Subscription Renewal Form

Personal details on this form will be held on a computer but will only be used for administration purposes. There is a Gift Aid Declaration below, which, if you are a UK taxpayer, enables the Society to claim back tax on your eligible payments to us.

Current Membership Number: ……

TITLE …….…… FIRST NAME(s) …….…….…… SURNAME…….……

ADDRESS …….

Town/City …… County/State …….…….. Post Code/Zip …….…..

Country …….…… Telephone number ……

Email …….……

UK Membership categories	Rate	Please tick
UK individual 2017	£18	
UK Individual. Three years 2017-2019 (discount rate)	£50	
UK family 2017	£20	
UK Family. Three years 2017-2019 (discount rate)	£56	

Overseas membership categories	Rate	Please tick
Overseas individual 2017	£22	
Overseas individual. Three years 2017-2019 (discount rate)	£62	
Overseas family 2017	£24	
Overseas family. Three years 2017-2019 (discount rate)	£68	

GIFT AID - UK TAXPAYERS ONLY

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I (name)……

of (address)……

……

declare that I wish the Somerset & Dorset Family History Society to treat all donations that I have made/will make on

or after (date) * …….…… as Gift Aid Donations.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Signature…… Date ……..

Please notify the Society if you want to: cancel this declaration; or change your name or home address; or 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.

Post this form with a cheque payable to SDFHS (we can only accept sterling cheques drawn on UK banks), fill in your card details below, or pay securely by credit/debit card using PayPal: see: http://www.sdfhs.org/membership/membership-about/

CREDIT CARD PAYMENT

Please charge my Credit/Debit Card **(details will not be retained and will be destroyed once payment has been taken)**.

Type of card: …… Number: | | | | | | | | | | | | | | | | |
Not accepted: Amex/American Express/ Electron/Discovery

Name shown on card ……

Issue Date …… Expiry Date …… Issue Number …….. 3 digit Security Code ……

Signature …… Date ……..