

Membership Application Form 2016 – Please PRINT your details.

Name: _____ Tel: _____

Address: _____

Postcode: _____ Email: _____

Membership Type: Individual: £25 Concessionary* £20 Family Member** £40
Age & names of children for Family Membership _____

 * Concessionary rate applies to the over 60s & full-time students. **D.O.B for Concessionary rate** ____/____/____

**Family Membership covers 2 adults & up to 3 children under 16 years living at the same address.

Payment Method: I would like to pay by:

 Cheque (made payable to Landmark Arts Centre) By Standing Order (please complete details below)

 Credit or debit card (please complete details below)

Card No. _____ Expiry date ____/____ Issue no. (Switch only) ____

Security no. (last three digits on the reverse of the card) ____

Gift Aid – makes your donation go further at no extra cost to you.

giftaid it

 Please Gift Aid all qualifying Gifts of money from me: Today In the past 4 years In the future

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

Signature _____ Date _____

My interests are (please tick all those that apply):

- | | | | | |
|--|---|--|---|--------------------------------|
| <input type="checkbox"/> Classical music | <input type="checkbox"/> Jazz and blues | <input type="checkbox"/> World music | <input type="checkbox"/> Choral music | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Spoken Word | <input type="checkbox"/> Comedy | <input type="checkbox"/> Visual art | <input type="checkbox"/> Craft and design | |
| <input type="checkbox"/> Adult classes and courses | | <input type="checkbox"/> Children's activities | <input type="checkbox"/> Volunteering at the Landmark | |

Membership payment by Standing Order - Instructions to your bank:

Name and address of your bank: _____

Town/City: _____ Postcode: _____

Please pay Landmark Arts Centre Ltd. £ _____ (amount) on _____ (date of first payment)

& annually thereafter until further notice. Signature(s): _____ Date(today's date): _____

Reference to be quoted (please write your first name and surname) _____

Account number: _____ Sort Code _____ - _____ - _____

For bank use only: Please pay CAF CASH CAF Bank

Sort code 40-52-40 A/c No: 00089831 Account Name - Landmark Arts Centre Ltd.

Return to: Membership Department, Landmark Arts Centre, Ferry Road, Teddington TW11 9NN
Registered Charity No: 1047080 020 8977 7558 www.landmarkartscentre.org