

**THE FRIENDS OF WOKING COMMUNITY HOSPITAL** Reg. Charity No. 261396

To: Mrs R Jones, Membership Secretary, Bramble Cottage, Bagshot Road, West End, Woking GU24 9QR (E-mail [membership@fwch.org.uk](mailto:membership@fwch.org.uk) Telephone 01276 855422)

**APPLICATION FOR MEMBERSHIP – 2012 – subscription for 2012**

**I would like to become a member of The Friends of Woking Community Hospital, and**  **I enclose**

**OR**  **I have transferred electronically to the Friends' account**

The Friends of Woking Community Hospital Lloyds TSB A/c No: 0147862 Sort Code: 30-99-80  
**my 2012 subscription of £..... (minimum £5 per person for each annual membership)**

Signed .....Date .....

E-mail Address ..... Telephone No .....

Name (Mr/Mrs/Miss/Mr & Mrs) .....

Address .....

..... Post Code .....

**STANDING ORDER** *The cost of collecting your* **subscriptions for 2013**

**onwards** *will be much reduced if you are prepared to pay them by Standing Order. So we ask that you complete the section below, and we will forward it, with your own name and address as above, to your Bank.*

To: The Manager, ..... (Bank)

Address .....

..... Post Code .....

(Your) Account Number: ..... Sort Code: \_\_\_ - \_\_\_ - \_\_\_

Please pay to: The Friends of Woking Community Hospital  
Lloyds TSB Account No: 0147862 Sort Code: 30-99-80

the sum of £\_\_\_\_\_ on 1st February **2013** and a like amount on 1st February each year thereafter. This supersedes any existing Standing Order in favour of the Friends of Woking Community Hospital.

Signed ..... Date .....

**GIFT AID DECLARATION** *If you are a UK taxpayer, and make a valid Gift Aid Declaration, the Friends can reclaim tax currently equivalent to 25% of your subscription or other donation.*

I am a UK taxpayer, and I would like tax to be reclaimed through the Gift Aid Scheme on all my donations, including subscriptions, to the Friends of Woking Community Hospital, from January 1<sup>st</sup> 2008 onwards. I note that I must have paid an amount of income tax or capital gains tax that at least equals the tax reclaimable on my donation(s) and I undertake to inform the Treasurer of the Friends of Woking Community Hospital if I cease to be a UK taxpayer.

Full Name .....

Address .....

..... Postcode .....

Signed..... Date .....

We would like to record your name, address, e-mail address and telephone number on our computer system to enable us to keep you informed of Friends' news and events. This personal information will be protected and processed in accordance with the Data Protection Act 1998. The Chairman, the Treasurer, the Secretary and the Membership Secretary have access to the computerised records. If you do not want us to record your details, please inform the Membership Secretary in writing.