

SOCIETY OF RECORDER PLAYERS

Registered Charity No.282751/SC038422

MEMBERSHIP APPLICATION / RENEWAL FORM 20__ -- 20__

..... Branch

Name Title

Address

..... Postcode

Email address Tel. No

Please indicate changes of personal details or incorrect entries in the published list or magazine mailing address.

Total SRP and Branch subscription rates are shown. SRP rates are on the Branch Administration page of the SRP website.	Full £	Household £
	Student* £	Associate† £

Annual subscription – SRP and Branch	£
National Youth Recorder Orchestra donation	£
Walter Bergmann Fund donation	£
Other donations	£
I enclose payment totalling -	£

* I am a student in full-time education at
School students and undergraduates to first degree level are eligible for this concession.

† For Associate Branch members : I am a full member of Branch

• I wish to be shown in the Membership List as a teacher of the recorder with these qualifications (✓ for Yes)

• I wish to be shown in the Membership List as interested in consort playing. (✓ for Yes)

Data Protection Notice: The Society will hold members' personal records in accordance with the terms of the Data Protection Act. The data you provide will be used to administer your membership nationally and by your Branch. It will not be passed to any third party without your consent.

• I prefer that only my name be printed in the membership list. (✓ for Yes)

Signature Date

Please make cheques payable to 'The Society of Recorder PlayersBranch' and return this form, with payment, to(Branch official). Membership cards may be collected at Branch meetings.

GIFT AID DECLARATION (if not previously made)

I wish the Society of Recorder Players to treat all subscriptions and donations I have made since 6 April 2002, and all subscriptions and donations I make from the date of this declaration, as Gift Aid donations, and thus qualify for basic rate tax relief, unless I notify you otherwise.

I declare that I have paid an amount of income tax and/or capital gains tax at least equal to the amount of tax that the SRP will reclaim on my gifts in each tax year.

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

Full Name..... Branch.....

Address (including Post Code).....

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