

SOCIETY OF RECORDER PLAYERS

Registered Charity No 282751/SC038422



Cambridge Branch Membership 2019 – 2020

| | | | |
|-------------------|--|---------------|-------------------|
| Name: | | Title: | |
| Address: | | | Post Code: |
| Email: | | | |
| Telephone: | | | |

| | | |
|---|---------|-----------------------------|
| | Tick /Y | |
| I am already a member of this branch | | Membership number if known: |
| I am a new member <small>* The subscription may be halved for new members who join after 1 January 2020.</small> | | |
| I am a member of another branch | | Which branch? |

| Data-Base code | Please put a tick/Y by membership type | | | Subscriptions | | Donations | | TOTAL PAYMENT ↓ £ |
|--|--|-----------------|--|---------------|----------|-----------------------------------|----------|-------------------------|
| | | | | SRP | Branch | | | |
| F | | Full | (Individual) | £25.00 | £65.00 | National Youth Recorder Orchestra | £ | |
| H | | Household | (First member pays) | £37.50 | £ | Walter Bergmann Fund | £ | |
| h | | Household | (Other members free) | ----- | ----- | SRP Central | £ | |
| A | | Associate | (Member of another branch) | ----- | £ | SRP Branch | £ | |
| S | | Student/Youth * | (Under 30 or student in full time education) | £10.00 | £ | | | |
| <small>* I am under 30 or a student in full time education at:</small> | | | Subs | £ | £ | Donations | £ | £ |

| | |
|---|--------|
| PAYMENT | Tick/Y |
| I attach a cheque payable to The Society of Recorder Players Cambridge Branch | |
| OR: I have paid by BACS to | |
| Sort Code: [] [] [] | |
| Account number: [] [] [] [] [] [] | |
| Reference: [] [] [] [] [] [] | |

| | | |
|--|--------|---------------|
| GIFT AID | Tick/Y | Database code |
| I wish my subscriptions and any donations in the current membership year to be treated as Gift Aid donations. <i>(Please make sure your details on the declaration match those on the membership record and tick one of the options below)</i> | | |
| I have previously completed a Gift Aid declaration | | Y |
| I am providing a completed Gift Aid declaration now | | P |
| I will provide a completed Gift Aid declaration shortly | | W |

| | | |
|---|--|--------|
| PRINTED MEMBERSHIP LIST | <i>Please complete carefully and sign below if you would like your details to appear in the printed membership list.</i> | Tick/Y |
| I give my consent for my name to be included in the membership list that is sent to all SRP members | | |
| In addition I give my consent for the following information to be included: | | |
| Address | | |
| Telephone | | |
| Email | | |
| I would like to be listed as interested in consort playing | | |
| I would like to be shown as a teacher of the recorder | | |
| Qualifications: | | |

Signature.....Date.....

Data Protection Notice: *The Society will hold members' personal details in accordance with the General Data Protection Regulations. The data will be used to process your membership nationally and by your Branch. It will not be passed to any third party without your consent. For more information please see our Privacy Policy at <https://www.srp.org.uk/documents/rules/privacy-policy.pdf>*