SOCIETY OF RECORDER PLAYERS
Registered Charity No 282751/SCO38422

Edinburgh Branch Membership 2020 – 2021

Please complete the personal details on this form, enter the subscription payable and any donations you wish to make, and either pay by BACS and return this form by email to the Branch Treasurer, Hilary Campbell at hcc@johnlowe.net or post the form enclosing your cheque to Hilary Campbell, 16 Merchiston Park, Edinburgh. EH10 4PN.

Name:		**Title**
Address:	Post Code:	
Email:		
Telephone:		

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

Data-Base code	Please tick membership type ↓			Subscriptions			Donations		
				SRP	**Branch**	**Total**			
F		Full	(Individual)	£25.00	£00.00	£25.00	National Youth Recorder Orchestra	£	**TOTAL PAYMENT** ↓
H		Household	(First member pays)	£37.50	£00.00	£37.50	Walter Bergmann Fund	£	
h		Household	(Other members free)	--------	--------		SRP Central	£	
A		Associate	(Member of another branch)	--------	£00.00	£00.00	SRP Branch	£	
S		Student/Youth *	(Under 30 or student in full time education)	£10.00	£00.00	£00.00			
** I am under 30 or a student in full time education at:*			**Subs**	**£**	**£**	**£**	**Donations**	**£**	**£**

PAYMENT				Tick
I attach a cheque payable to SRP Edinburgh				
OR: I have paid by BACS to	Sort Code: 83-19-19	Account number: 00165541	Reference: Your name	

GIFT AID *giftaid it*	Please tick relevant boxes	Database code
I wish my subscriptions and any donations in the current membership year to be treated as Gift Aid donations. *(Please make sure your details on the declaration match those on the membership record and tick one of the options below)*		
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	***Please complete carefully and sign below if you would like your details to appear in the printed membership list.***	Tick for yes
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	
Qualifications:	I would like to be shown as a teacher of the recorder	

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*