

SOCIETY OF RECORDER PLAYERS

Registered Charity No 282751/SC038422

Guildford Branch Membership Application 2021 - 2022




Name:		Title
Address:		Postcode
Email:		
Telephone:		

	Tick / Y ↓	Membership number if known
I am already a member of this branch		
I am a new member <i>* The subscription may be halved for new members who join after 1 January</i>		
I am a member of another branch:		
<i>(Please fill in name, branch, membership no if known & payment information. Other details are not needed)</i>		

Data-Base code	Please put tick or Y by membership type ↓		Subscriptions	Donations		Please enter total payment below ↓
F	<input type="checkbox"/>	Full (Individual)	£60	National Youth Recorder Orchestra	£	
H	<input type="checkbox"/>	Household (First member pays)	£107.50	Walter Bergmann Fund	£	
h	<input type="checkbox"/>	Household (Other members free)	£0.00	SRP Central	£	
A	<input type="checkbox"/>	Associate (Member of another branch)	£35	SRP Branch	£	
S	<input type="checkbox"/>	Student/Youth * (Under 30 or student in full time education)	£20			
<i>* I am under 30 or a student in full time education at:</i>		Subscription →	£	Donations →	£	£

PAYMENT				Tick / Y
I attach a cheque payable to The Society of Recorder Players Guildford Branch				→
OR: I have paid by BACS to	Sort Code: 20-57-76	Account number: 90961175	Reference: Sub 2021	→

GIFT AID		Please put tick or Y in relevant boxes ↓	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 or Y 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 → Address: <input type="text"/> Telephone <input type="text"/> Email <input type="text"/>					
I would like to be listed as interested in consort playing →					
I would like to be shown as a teacher of the recorder →					
Qualifications:					

SignatureDate

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>

After completion return to Peter Anning by email peter.anning@btopenworld.com or by post: **P. Anning, 16 Northcliffe Close, Worcester Park, KT4 7DS.**