SOCIETY OF RECORDER PLAYERS Registered Charity No 282751/SC038422

**Bath Branch Membership Application** Half Year Jan 24 to end Aug 24. Please either email or send the form to Treasurer Heather Locke, 3 Lipman Way, Malmesbury, SN16 9FH.

Payment should preferably be by bank transfer followed up by an email to **heather@lockes.me.uk** or by cheque sent to Heather at the address above. The bank details are in the form below.

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| --- | --- | --- |
| **Name:**  |  | **Title**  |
|  |
| **Address:**  | Postcode  |
| **Email:**  |  |
| **Telephone:**  |  |

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| --- | --- | --- |
|   | Tick / Y  |  |
| I am already a member of this branch  |  |  |
| I am a new member *\* The subscription may be halved for new members who join after 1 January*  |   |  |
| I am a member of another branch (please give name):  |   |   |  |

|  |  |  |  |  |
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|  Data- Base code  | Please put tick or Y by membership type    | **Subscriptions**  | **Donations**  | **TOTAL** **PAYMENT**   |
| **SRP**  | **Branch**  | **Total**  |   |
| F  |  | Full  | (Individual)  | £12.50  | £9.25 | £21.75  | National Youth Recorder Orchestra  | £  |
| H  |  | Household  | (First member pays)  |  |  |  | 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)  |  |  |  |  |  |
| *\* I am under 30 or a student*  *in full time education at*   | **Subscription**  | **£**  | **Donations**  | **£**  | **£**  |

|  |  |
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| **PAYMENT**  | Tick / Y  |
| I attach a cheque payable to The Society of Recorder Players Bath Branch  |   |
| **OR**: I have paid by BACS to  | Sort Code:  30-98-06  | Account number:  00249065  | Reference: Your surname |   |

|  |  |  |  |
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| **PRINTED MEMBERSHIP LIST**  | ***Please complete carefully and sign below if you would like your detai appear in the printed membership list.***  | ***ls to***  | 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 mem | bers  |   |
|  In addition I give my consent for the following Address:  |   | Telephone  |   | Email  |   |   |
| I would like to be listed as interested in consort pla | ying  |  |
| I would like to be shown as a teacher of the reco | rder  |   |
| Qualifications:  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. *(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  |

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 a*[*t https://www.srp.org.uk/documents/rules/privacy-policy.pdf*](https://www.srp.org.uk/documents/rules/privacy-policy.pdf)