

SOCIETY OF RECORDER PLAYERS

Registered Charity No 282751/SCO38422

Weald of Kent Branch Membership 2024 – 2025




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 <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 tick membership type			Subscriptions		Donations		TOTAL PAYMENT ↓
	↓			SRP	Branch			
F	<input type="checkbox"/>	Full	(Individual)	£30.00	£70	National Youth Recorder Orchestra	£	
H	<input type="checkbox"/>	Household	(SRP Central rate First member pays)	£42.50	(£70 per person)	Walter Bergmann Fund	£	
h	<input type="checkbox"/>	Household	(SRP Central rate: Other members free)	-----	(£70 per person)	SRP Central	£	
A	<input type="checkbox"/>	Associate	(Member of another branch)	-----	£70	SRP Branch	£	
S	<input type="checkbox"/>	Student/Youth *	(Under 30 or student in full time education)	£10.00	£12		£	
<small>* I am under 30 and a student in full time education at:</small>			Subs	£	£	Donations	£	£

PAYMENT	Tick
I attach a cheque payable to The Society of Recorder Players Weald of Kent Branch	
OR: I have paid by BACS to	Reference: <i>Your name</i>
Sort Code: 40-52-40	Account number: 00021512

GIFT AID 	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. <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 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		
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>*