

# SOCIETY OF RECORDER PLAYERS

Registered Charity No 282751/SC038422

## Guildford Branch Membership Application 2025-2026



<b>Name:</b>		<b>Title</b>
<b>Address:</b>	Postcode	
<b>Email:</b>		
<b>Telephone:</b>		

	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 &amp; payment information. Other details are not needed)</i>		

Data-Base code	Please put tick or Y by membership type		Subscriptions			Donations		TOTAL PAYMENT ↓	
	↓		SRP	Branch	Total				
F	<input type="checkbox"/>	Full (Individual)	£30.00	£35	£65	National Youth Recorder Orchestra	£		
H	<input type="checkbox"/>	Household (First member pays)	£42.50	£70	£112.5	Walter Bergmann Fund	£		
h	<input type="checkbox"/>	Household (Other members free)	-----	-----		SRP Central	£		
A	<input type="checkbox"/>	Associate (Member of another branch)	-----	£35	£35	SRP Branch	£		
S	<input type="checkbox"/>	Student/Youth * (Under 30 or student in full time education)	£10.00	£10	£20				
		<i>* I am under 30 or a student in full time education at</i>	<b>Subscription</b>			<b>£</b>	<b>Donations</b>	<b>£</b>	<b>£</b>

<b>PAYMENT</b>	Tick / Y
I attach a cheque payable to The Society of Recorder Players Guildford Branch	
<b>OR:</b> I have paid by BACS to	
Sort Code: <b>20-57-76</b>	
Account number: <b>90961175</b>	
Reference: <b>Sub2526 Name</b>	

<b>GIFT AID</b>	<input type="checkbox"/> <i>giftaid it</i>	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

<b>SHARING YOUR DETAILS WITH OTHER SRP MEMBERS</b>	<i>Please complete carefully and sign below if you would like your details to be made available to other SRP members</i>				Tick or Y for yes
I give my consent for my name to be listed					
In addition I give my consent for these to be seen: (please tick individual boxes as required)		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.

You can find all our policies here <https://www.srp.org.uk/rules-policies>