A Contract of the second of th	Registered Charity: 507391
LEDBURY & DISTRICT CIVIC SOCIETY - MEMBERSHIP APPLICATION Title: Name: (BLOCK CAPITALS PLEASE) Address: Telephone:	
Post Code:	
I would like to become a member of the Society. I understand that I shall be entitled to vote at General Meetings, providing due subscriptions have been paid	
GIFT AID DECLARATION: I want / I do not want (<u>delete as appropriate</u>) my subscription to the above named Charity to be treated as a donation, until I notify you otherwise. I note that I must pay income tax or capital gains tax at least equal to the tax that the Charity reclaims on my donation each year Signed:Date:	
Please send the completed application form and standing order, or a cheque payable to Ledbury & District Society Trust Ltd., to: Ledbury Givic Society, Burgage Hall, Ghurch Lane, Ledbury HR8 1DW	
Your Bank's Name: (BLOCK CAPITALS PLEASE)	
Address:	
Sort Code: Account No: Name of Account:	
PLEASE PAY THE SUM OF(£10 individual/£20 Joint) ON	
01/01/20,AND ANNUALLY THEREAFTER UNTIL FURTHER NOTICE TO: LLOYDS TSB plc, 24 High St, LEDBURY, Herefordshire, HR8 1DY Sort Code: 30-94-14 Account No: 01589459	
Please cancel any exiting Mandate in favour of the Ledbury & District Civic Society I/we authorise you to debit my/our account in accordance with the above details:	
* Reference: Your surname: * INITIATING BANK - please include this reference in the payment details so that it will appear on the Lloyds TSB statement	
Your signature(s): Date:	