

Friends of Bolton Priory Membership Application

Please complete and send to:

The Hon Membership Secretary, Friends of Bolton Priory, Church Office, Bolton Abbey, Skipton, BD23 6AL.

I/we FULL NAME 1: _____
FULL NAME 2 (for couples): _____
ADDRESS: _____

POSTCODE: _____
EMAIL: _____
TEL: _____

wish to join the Friends of Bolton Priory as (please tick)

Tick one Annual membership: Cost:

- | | | |
|--------------------------|-----------------------------|-----|
| <input type="checkbox"/> | Individual | £10 |
| <input type="checkbox"/> | Couple | £15 |
| <input type="checkbox"/> | Senior citizen - individual | £5 |
| <input type="checkbox"/> | Senior citizen - couple | £10 |
| <input type="checkbox"/> | Student | £5 |
| <input type="checkbox"/> | Corporate member | £25 |

Life membership: Cost:

- | | | |
|--------------------------|------------|------|
| <input type="checkbox"/> | Individual | £100 |
| <input type="checkbox"/> | Couple | £150 |

☐ I enclose a cheque/postal order for the subscription cost

☐ OR I wish to pay by standing order and have completed to form on page 2

GIFTAID

- ☐ YES – I wish to allow Friends of Bolton Priory, registered charity no. 701342 to reclaim income tax on all my subscriptions and donations from the date of this declaration.
- I am a UK tax payer
 - The tax I currently pay exceeds the amount that FOBP will reclaim
- ☐ NO – I am unable to consent to GIFTAID

SIGNED: _____

DATE: _____

STANDING ORDER FORM

It would be a great help to us, and less hassle for you, if you could sign up to pay by standing (or banker's) order for annual subscriptions. Please complete the form below **IN BLOCK LETTERS** and return it with your membership application form to the Church Office.

NAME OF ACCOUNT HOLDER: _____

NAME OF BANK: _____

BANK ADDRESS: _____

BANK POSTCODE: _____

BANK SORT CODE: _____

BANK ACCOUNT NUMBER: _____

PLEASE PAY TO:

TSB, PO Box 373, Leeds, LS14 9GQ

For the credit of "Friends of Bolton Priory" Sort Code: 30-94-53 Account no: 00258674:

The sum of £ _____ (in words) _____

On the _____ (day) of _____ (month) _____ (year)

And a like sum annually on the _____ (day) of _____ (month)
until further notice / for a total of _____ payments (delete as appropriate)

SIGNED: _____

DATE: _____