

Membership Application Form

Complete and send to the Membership Secretary at Dorset Family History Society,
Treetops Research Centre, Suite 5, Stanley House, 3 Fleets Lane, Poole, Dorset
BH15 3AJ

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I wish to join Dorset Family History Society as indicated (✓ one only)

- UK Membership: £12
 Overseas Membership: £16

Payment is made as follows (✓ one only)

- Cheque or postal order enclosed - payments in Sterling only please and make cheques payable to DORSET FAMILY HISTORY SOCIETY
 Payment has been made by Credit or Debit Card - please state the Genfair / Parish Chest reference _____

(Please complete in **BLOCK CAPITALS**)

Mr / Mrs / Miss / Ms
(please delete as applicable) Other (please specify) _____

First Name: _____ Surname: _____

Address: _____

Town: _____ County: _____

Post Code: _____ Country (if not UK) _____

Telephone no: _____

E-mail: _____

✓ if you DO wish to receive occasional e-mails from Dorset FHS

Signature: _____ Date: _____

Please advise (use overleaf if necessary) how you heard about the Society:

May we encourage all members who pay income or capital gains tax in the UK to complete the following Gift Aid declaration?

HM Revenue & Customs enables Charities like us to register subscriptions as a donation for Gift Aid purposes. By this means we can claim back the tax paid by UK members on their subscription, making it worth an extra 25p for every £1 paid to the Society.

Please notify us if you:

1. Want to cancel the declaration
2. Change your name or home address
3. No longer pay sufficient tax on your income and / or capital gains.

Please complete this declaration in **BLOCK CAPITALS** (even though it duplicates information on the membership application) and send it with your application form to the DFHS Membership Secretary.

Full Name: _____

Home Address: _____

Post Code: _____

I wish the Dorset Family History Society to treat my subscription of £ _____ paid today, and such amounts as I may pay in future, as GIFT AID donations from the date of this declaration until cancelled in writing by me.

Signature: _____ Date: _____

You must pay an amount of Income Tax and / or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the charity will reclaim on your gifts for that tax year.

Registered Charity No. 801504

FOR OFFICE USE: Payment received Member Number

Gift Aid Y / N Journals issued: December March June September

FOR OFFICE USE: Member Number