



BUGSWORTH BASINTM

HERITAGE TRUST

BECOME A MEMBER

Your support is invaluable to us. When the Trust applies for funding, every extra member adds weight to the bid. Just by joining you could assist us to gain considerable grants. Membership fees are deliberately kept low so anyone who feels we are doing a good job can show their support and thanks by becoming a member.

Please complete this application form (both sides) and send to:-
BBHT Memberships, Chapel Cottage, Newcastle Road South, Brereton Green, Nr Sandbach, CW11 1RS
Or post through the letterbox at Blackbrook House on the Basin site

Paying by Bankers Order helps the Trust greatly as renewals postage and administration is kept to a minimum. Bankers Orders are secure and you can cancel at any time. Alternatively, please enclose a cheque.

PLEASE INDICATE TYPE OF MEMBERSHIP:

SINGLE (£6 PER YEAR)		FULL-TIME STUDENT (£5 PER YEAR)	
DOUBLE (£10 PER YEAR)		LIFETIME (£100)	
SENIOR CITIZEN (£5 PER YEAR)		CORPORATE (£20 PER YEAR)	

NAME:

ADDRESS:

POSTCODE:

EMAIL:

Tick box if you would prefer to receive communications (including newsletters) by email rather than by post

For more details about Bugsworth Basin, please visit:

www.bugsworthbasin.org

www.facebook.com/bugsworthbasinheritagetrust

or contact Ian Edgar MBE on 0161 427 7402

Registered Office: Top Lock House, 7 Lime Kiln Lane, Marple SK6 6BX
Comp Reg. 1659253; Charity No. 513405; Scheduled Ancient Monument Derbyshire 242

GIFT AID DECLARATION

By signing and dating below, you enable us to claim from HMRC the tax you paid on the money you donate.

I have signed this form and in so doing declare that I am a taxpayer, and as of this date I want the charity 'The Bugsworth Basin Heritage Trust' to treat all my donations (which include my subscriptions) as Gift Aid Donations.

Tick box if you are a higher rate tax payer

Signature

Date

BANKERS ORDER

TO (insert name of your bank):

AT (insert address of your bank):

YOUR SORT CODE:

YOUR ACCOUNT NUMBER:

Please pay to the account of: DETAILS WILL BE INSERTED ON RECEIPT

the amount of: £ _____

on the _____ (date) of _____ (month) 20__ (year) and thereafter on the same day annually until further notice

NAME:

ADDRESS:

POSTCODE:

Signature

Date

To allow your membership application to be processed, please allow at least two months between signing this order and the date of the first payment. Thank you.