CHARLES ROLLS HERITAGE TRUST



Registered Charity No. 1174592

Associate Membership Application Form (New members and renewals. Membership for the calendar year)

Name:	Tel:	
Email address:		
Annual subscription, wh	ich qualifies for Gift Aid, is £5.	
I apply for membership Trust.	and attach my subscription by o	cheque payable to Charles Rolls Heritage
Signature		Date
Associate Membership incl not confer voting rights.	udes regular updates by email, nev	vsletters and invitations to CRHT events, but does
CHARLES F	Charity Gift Aid D ROLLS HERITAGE TRUST (I	eclaration Registered Charity No. 1174592)
Gift Aid is r	est your donation by 25p of Gift A eclaimed by the charity from the ta ur address is needed to identify you	x you pay from the current tax year.
In order to Gift Aid your o	lonation, you must tick the box b	pelow:
I want to Gift Aid my	donation of £ to: CHARLE	S ROLLS HERITAGE TRUST
• •	• •	ne Tax and/or Capital Gains Tax in the current tax ions, it is my responsibility to pay the difference.
My Details		
Title	First Name or initial(s)	
Surname		
Full Home address		
Postcode		
Please notify the charity if yo		
want to cancel thischange your nameno longer pay suffice		l gains
		eceive the additional tax relief due to you, you must sturn or ask HM Revenue and Customs to adjust your tax
third party. We will only use,		embership and claim Gift Aid but will not be passed to a according to the General Data Protection Regulations nembership for HMRC purposes.
Please return the com	pleted form and cheque to:	CRHT Membership Secretary, 23 Percy Road, Bournemouth,

BH5 1JG