



## Membership Information Form *(NOT to be used for the election of members)*

Please fill in the boxes below as appropriate using **BLOCK CAPITALS**

1. Title (Mr/Mrs/Miss/Dr/Revd/other)			
2. First Name(s)			
3. Surname			
4. Home Address			
5. Tower or Unattached			
6. Date of Election (if known)		7. Date of Birth	
8. E-mail address			
9. Contact telephone number			
10. Membership Category (tick as appropriate)		Adult Ringing / Junior Ringing / Friend / LVP / Life Member / Paid Life Member / NRLM	
11. Age Category (tick as appropriate)		Under 12 / 13-18 / 19-30 / 31-40 / 41-50 / 51-60 / 61-70 / 71-75 / 76-80 / 81+	
12. Eligibility for Membership (tick as appropriate) <input type="checkbox"/>		Please tick the box to confirm that you have read the Rules of the Association and that you are eligible for membership	
<input type="checkbox"/>		Please tick to confirm that you are consenting to the Association holding and processing your personal data and wish to be kept in touch with the Association and its activities.	

Signature:

Date:

This information will be held by the Association in accordance with the published Privacy Notice under the General Data Protection Regulations and will be used for communicating with you about District and Association events. Date of Birth and Age Category will give an overall age profile of the membership of the Association, which will enable us to review the benefits from time to time provided by the personal accident insurance.

### Gift Aid Declaration The Essex Association of Change Ringers (EACR)

Charity Number 292250

Full name:

Address (if different from above):

In order to Gift Aid your donation you must tick the box below:

Yes, I wish the EACR to further benefit from Gift Aid legislation and confirm I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference. This declaration applies to all eligible membership subscriptions/donations I have made during the last 4-year period and until further notice.

Signature:

Date:

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When completed, please return this form by email to [treasurer@eacr.org.uk](mailto:treasurer@eacr.org.uk) or by post to: Association Treasurer, 16 The Priory, Writtle, Essex CM1 3JE