

Membership Application Form

Name (please print)	Mi	r Mrs Miss Dr other
Address:		Post code
Email:	Tel No:	
	member of Food4Macc and agree to abide be ls I provide below will be held in accordance.	
Signed:	Dated:	
How did you hear about u	s?	
Gift Aid Declaration		
If you are a UK tax payer,	, please fill in this section; for every £1 dons	ated F4M can claim back 25p
rate on all my reco	n a UK taxpayer and authorise Food4Macc torded gifts to its funds from today until this Food4Macc will be less than the tax I have a	authority is cancelled in writing. The
Signed:	Dated:	
Members are asked to don	nate £10 on the 5 th of Jan each year	
This request is discounted	to £9 if paid by standing order using the fo	orm below, as it reduces our costs.
Subscriptions are reduced	to £6 after 1^{st} July each year, £5 if paid by	standing order
A/c Name: "Food	can pay directly into our bank: 4Macc", Sort Code : 08-92-99, A payment is labelled with your name follower	Jc No: 65378191 and by the word "subscription"
Or send us a chequ	ue for £10 payable to Food4Macc.	
Please return the complete	ed form to :-	
	rm, Hollin Lane, Sutton, SK11 0NL	Tel: 07824 860 566
X		
Standing Order Instruct	ion	
To Bank:	o Bank: Branch	
Sort Code:A/c	No:	
Reference	(member's name)	
	count and make one initial payment of £9 or of £9 on the 5th of January each year until for	<u>=</u>
Payments are to be to the	credit of the following A/c:-	
A/c Name: "Food4Macc"	, Sort Code : 08-92-99, A/c No : 6537819	1
Nama	Signature	Data