



Hollinwood Canal Society - Membership Application

Please print, complete in block capitals and return to:

HCS Membership, 2 Rock Bank, Stamford Road, Mossley, Lancs. OL5 0BD

Current rates for associate membership:

£6.00 for one year or **£15.00** for three years, or **£5.00** annually if paying by standing order.

I wish to apply for membership of the Hollinwood Canal Society. I support the Aims and Objects of the Society. I agree to my details being kept on a computer for the purposes of membership administration only.		
Title (Mr, Mrs, etc.):	Name:	
Address:		
Postcode:	Telephone:	
Email address: (Please let us know if you change your email address.)		
Signed:	Date:	
Please enter below the payment you are sending (leave blank if paying by standing order).		
Subscription:	£	£6.00 for one year or £15.00 for three years
Donation:	£	Thank you.
Total amount:	£	Please make cheques payable to " Hollinwood Canal Society " or please consider a standing order of only £5.00 annually (see separate standing order form).
When completed, please return this form along with your cheque or completed standing order form to the Hollinwood Canal Society (see address above).		

Gift Aid Declaration	
If you are a payer of UK Income Tax or Capital Gains Tax then, if you complete this declaration, we can claim back an amount currently equivalent to 25% of whatever you pay to the Society. You must pay enough UK income tax and/or capital gains tax to cover the amount of tax the Society will reclaim. Please let us know if you wish to cancel this declaration.	
I wish the Hollinwood Canal Society to treat as Gift Aid donations all subscriptions and donations I make to the Society from the date of this declaration until I notify you otherwise.	
I am a current UK taxpayer and understand that I need to pay enough Income Tax and/or Capital Gains Tax in each tax year to cover the Gift Aid claimed on all my donations otherwise it is my responsibility to pay any difference.	
I understand that my details will be shared with HMRC in order for the Society to make a Gift Aid claim.	
Signed: _____	Date: _____