

# LONG CRENDON FILM CLUB



REGISTRATION FORM VALID 1 SEPTEMBER 2023 – 31 AUGUST 2024

Name(s) (1).....(2).....

Address .....

..... Postcode ..... Telephone .....

Email address(es) (1).....  
(for regular email updates –  
see privacy notice for details) (2) .....

*Where two email addresses are given, the person signing the form confirms that the other person has given permission for their email address to be provided to the Film Club.*

<u>SINGLE</u>		<u>COUPLE</u>		<u>PAYMENT METHOD</u>			
FULL MEMBERSHIP	£15	<input type="checkbox"/>	FULL MEMBERSHIP	£25	<input type="checkbox"/>	BANK TRANSFER (preferred)	<input type="checkbox"/>
CONCESSION (STUDENT/ OVER 65)	£10	<input type="checkbox"/>	CONCESSION (WE ARE BOTH STUDENTS/OVER 65)	£15	<input type="checkbox"/>	CASH (in envelope marked 'Carol Price')	<input type="checkbox"/>
			CONCESSION (ONE OF US IS A STUDENT/OVER 65)	£20	<input type="checkbox"/>	WE REGRET CHEQUES ARE NO LONGER ACCEPTED	

WOULD YOU LIKE TO GIFT AID YOUR MEMBERSHIP FEE? PLEASE TICK IF YES

THIS BOOSTS YOUR MEMBERSHIP FEE BY 25P FOR EVERY £1 YOU PAY

NAME OF GIFT AID DONOR .....

GIFT AID IS RECLAIMED BY THE LIBRARY FROM THE TAX YOU PAY FOR THE CURRENT TAX YEAR.  
I want to Gift Aid my Film Club membership fee to Long Crendon Community Library. I am a UK taxpayer and I 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. Please notify Long Crendon Community Library if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains.

The rules of Long Crendon Film Club, as well as our privacy notice, are available on our website [www.longcrendonfilmclub.com](http://www.longcrendonfilmclub.com)

**I/WE APPLY FOR MEMBERSHIP OF LONG CRENDON FILM CLUB UNTIL 31 AUGUST 2024 AS ABOVE.**

**Where the Gift Aid box has been ticked the form MUST be signed by the person making the Gift Aid declaration.**

Signed ..... Name ..... Date...../...../2023

**PLEASE PAY BY BANK TRANSFER IF POSSIBLE:**

Sort code: 40-44-51 Account number: 21490311 Account name: Long Crendon Community Library

Please include MEMBERSHIP (NOT your name) as the payment reference

**PLEASE RETURN THIS FORM (TOGETHER WITH CASH IF NOT PAYING ONLINE) IN AN ENVELOPE MARKED 'CAROL PRICE' EITHER by hand to the Library, High Street, Long Crendon OR to Carol Price, 25 Elm Trees, Long Crendon, Bucks HP18 9DG**

