

INDIVIDUAL MEMBERSHIP APPLICATION 2011

Contact details:

Title:	<input type="text"/>	Initials:	<input type="text"/>	First name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>						
	<input type="text"/>					Postcode:	<input type="text"/>
Daytime telephone number:	<input type="text"/>			Email:	<input type="text"/>		
Would you like to receive email newsletters from us?				Yes / No			

Payment:

One year individual membership *	£	<input type="text"/>
Optional donation	£	<input type="text"/>
Total	£	<input type="text"/>

* £52.00 by cheque or credit card, £48.00 by Direct Debit

Payment options (please tick your chosen method of payment):

- by cheque enclosed (payable to 'Royal School of Church Music')
- by Direct Debit (please complete the separate Direct Debit Instruction and include with this application)
- by credit or debit card - please note we are unable to accept America Express/Diners (please enter the card details below)

Type of card (tick as appropriate):	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Maestro	Other:	<input type="text"/>
Card no:	<input type="text"/>			Security code:	<input type="text"/> (last 3 digits on signature strip - must not be omitted)
Expiry date:	<input type="text"/>	Issue no (Visa Electron/Maestro only):	<input type="text"/>	Start date (Maestro only):	<input type="text"/>
Name (as it appears on the card):	<input type="text"/>				
Cardholder's signature:	<input type="text"/>				

Gift Aid Declaration (see notes on webpage)

APPLICABLE TO ADDITIONAL DONATIONS ONLY, NOT APPLICABLE TO MEMBERSHIP FEE

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I am a UK taxpayer, and I wish the Royal School of Church Music to: (please tick one of the following)

- treat any donations that I may make or have made since 6 April 2005 (excluding the membership fee) as Gift Aid donations, until I notify you otherwise
- treat the donation indicated above and all donations that I may make (excluding the membership fee) as Gift Aid donations, until I notify you otherwise
- treat the donation indicated above (excluding the membership fee) as a Gift Aid donation

Signature: _____ Date: _____

Please tell us how you heard about the RSCM:

Return this form, with cheque or direct debit instruction if appropriate, to:

Membership Department, RSCM, 19 The Close, Salisbury SP1 2EB