**CITY OF HULL YOUNG MUSICIANS FRIENDS ASSOCIATION:** REGISTERED CHARITY No 1003886

I/We wish to join/renew membership of the City of Hull Young Musicians Friends Association. Our membership runs with the school year but if you join in June it will run through the next academic year.I am happy for the Friends to hold these details and to be sent occasional emails with items of interest. If I no longer wish to be a member or receive emails I will let the Association know so my details can be removed, as required by the General Data Protection Regulations. **Please put the completed form in an envelope with your payment (if you haven’t filled in the banker’s order) and a SAE and return to:** The Membership Secretary, Friends Association, AlbemarleMusic Centre, 60 Ferensway, Hull HU2 8LN. Thank you for your support!

Name(s): .......................................................................................................

E-mail address: .....................................................@.....................................

Address: .....................................................................................................

Post Code: ...................................................

Telephone Number: ..................................................................................

#### Payment Details

I will pay a subscription of £ ........... (Minimum £6 per family) and wish to pay by:

Cheque (*payable to* *COHYMFA)* 🞏 Cash 🞏

Standing Order (please complete the box over the page) 🞏

#### Gift Aid Declaration: If you would like us to be able to claim 25p in every £ you donate above and beyond the £6 subs, please complete the rest of the form overleaf. The duplicated information is needed for our tax records.

By ticking this box, I confirm I want to Gift Aid my donation of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to the City of Hull Young Musicians’ Friends’ Association. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Title: ……………… First name: ...............................................................

Surname: ……………………………..………………………………………………………...

Full Address: .............................................................................................

Post Code: ................................................... Date: .................................

Signature: ...................................................................

Please notify the charity 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. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

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| **The Membership Secretary will fill in the Association’s bank details before we send the form to your bank.**To: .....................................................................Bank/Building SocietyBranch: ........................................................Account Number: ...................................... Sort Code: - - Please pay on the first day of...................... the sum of £..................................To: Lloyds Bank Plc, Grand Buildings, Jameson St, Hull HU1 3JX. Sort Code 77-12-01 For credit to the account of: C.O.H.Y.M.F.A. ..............................And make payments on the 1st September every year until this order is cancelled in writing, charging such payments to my/our account.Signature(s)…………………………………………........................Date.............................. |

Office use only: Membership No: ......................................................

Card and receipt issued on: ......................................./20………