SOCIETY OF RECORDER PLAYERS Registered Charity No 282751/SCO38422

BRISTOL Branch Membership 2023-4

Please PRINT your details, complete ALL requested options, and sign at the end of the form.

Please return completed forms, with payment, where appropriate, to Val Giltrow-Tyler at a branch meeting, post to 2 Cromwell's Hide, Stapleton, BS16 1TA, or as a scanned copy to vgt1satbg@gmail.com

Name:															Title:				
Address:																			
E-ma	ail:		Telephone:																
						Tick										Tick			
I am a	Irea	dy a mem	ber of t	this bra	anch	OR I				am a member of another branc				nch					
OR I am a new member							Which branch?												
			Ck membership type														ubscrip	tion	
(HQ Code)		ase TIC				Subscri						Donations are w			elcomed		may be halve		
Code) ↓			1			SRP		Branch		Total		for the following				,	for new		
F		Full		(Individual)		£25		£15		£40						members who			
Н		Housel	ากเก	(first member pays)		£37.50		£22.50		£60		alter Bergmann nd		£	£		January 2024.		
А		Associa	ate I	(member of another branch)				£15		£15		National Youth Recorder Orchestr		£		YOUR			
S		Youth	*	(under 30)		£10		£10		£20	SF	SRP Central		£		TOTAL			
S		Studen	t * (in full time education)			£10				£10	SF	SRP Branch					PAYMENT		
* I am under 30 or * I am a student in full time education at:						Ce	tal of ntral a anch s	and		£		dd Dona ere	Donations			£			
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PAY	ME	NT															Tic	K	
I have paid by BACS to Sort Code 09-01-5												Reference: (e.g. your surname)							
OR: I a	attac	h a chequ	ue paya	ble to	SRP Bristo	l (or	as ca	sh, in _l	persor	n)	•				-				
	giftaid it Please tick															Databa			
GIFT AID														relevant box			Code		
	I wish my subscriptions and any donations in the current membership year to be																		
treated as Gift Aid donations. (Please make sure that the details on your																			
declaration match your membership record and tick one of the options below)																			
I have previously completed a Gift Aid declaration, which is still valid														Υ					
I am providing a completed Gift Aid declaration now														Р					
PRINTED MEMBERSHIP LIST Please complete carefully and sign below if you would like your details Tick for														for					
to appear in the next printed membership list. If incomplete or unsigned, your name will NOT be included yes														S					
					e to be inc						ip list	that is s	ent to	all SRP	memb	ers		1	
In addition I give my consent for the following information to be included: (please tick all that apply) Pho													Phone		E-mail				
(picas	(please tick all that apply) Lyould like to be listed as interested in consent playing															L			
Lwou	I would like to be listed as interested in consort playing I would like to be shown as a teacher of the recorder, listed with these qualifications:																		
I would like to be shown as a teacher of the recorder, listed with these qualifications:																			
_	Signature													The					

Data Protection Notice: The Society will hold members' personal details in accordance with the General Data Protection Regulations. The data will be used to process your membership nationally and by your Branch. It will not be passed to any third party without your consent. For more information, please see our Privacy Policy at www.srp.org.uk/rules-policies