



SOCIETY OF RECORDER PLAYERS Registered Charity No 282751/SC038422

BRISTOL Branch Membership 2024-5

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 vg1satbg@gmail.com

Name:		Title:	
Address:			
E-mail:		Telephone:	

	Tick		Tick
I am already a member of this branch		OR I am a member of another branch	
OR I am a new member		Which branch?	

(HQ Code)	Please tick membership type ↓			Subscriptions			Donations are welcomed for the following		A subscription may be halved for new members who join after 1 January 2025.
				Central	Branch	Total			
F	<input type="checkbox"/>	Full	(Individual)	£30	£20	£50			YOUR TOTAL PAYMENT ↓
H	<input type="checkbox"/>	Household	(first member pays)	£42.50	£30	£72.50	Walter Bergmann Fund	£	
A	<input type="checkbox"/>	Associate	(member of another branch)	-----	£20	£20	National Youth Recorder Orchestra	£	
S	<input type="checkbox"/>	Youth *	(under 30)	£10	£10	£20	SRP Central	£	
S	<input type="checkbox"/>	Student *	(in full time education)	£10	-----	£10	SRP Branch		
* I am under 30 or * I am a student in full time education at:				Total of your Central and Branch subs		£	Add Donations here	£	£

PAYMENT				Tick
I have paid by BACS to	Sort Code: 09-01-54	Account number: 78451083	Reference: (e.g. your surname) []	
OR: I attach a cheque payable to SRP Bristol (or as cash, in person)				

GIFT AID		Please tick relevant box	Database 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			Y
I am providing a completed Gift Aid declaration now			P

MEMBERSHIP LIST Please complete carefully and sign below if you would like your details to appear in the next national membership list. If incomplete or unsigned, your name will NOT be included								Tick for yes	
I give my consent for my name to be included in the membership list that is available to all SRP members									
In addition, I give my consent for the following information to be included: (please tick all that apply)				Address	<input type="checkbox"/>	Phone	<input type="checkbox"/>	E-mail	<input type="checkbox"/>
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:									

Signature.....Date.....

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*