SOCIETY OF RECORDER PLAYERS Registered Charity No 282751/SCO38422

BRISTOL Branch Membership 2025-6

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

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Nam	e:		Title:															
Address:																		
E-ma	il:		Telephone:															
						Tick								Tick				
I am already a member of this branch								OR Lar	OR I am a member			er of another branch						
OR I am a new member								Which I	oranch?									
(HQ	Ple	ase tick	C membership type			Subscription			ns								tion	
Code)	1					Central Branch		Branch	Total	Donations are welcomed for the following				ea	ma for	ilved		
F		Full		(Individua	ividual)		30	£20	£50	- Tor the following					members wh			
Н		Housel	nold	(first members)	nember £4		2.50	£30	£72.50		Walter Bergmann Fund			£		join after 1 <u>January 2026.</u>		
Α		Associa	ate	(member o				£20	£20		National Youth Recorder Orchest			£		YOUR		
S		Youth	*	(under 30)	(under 30)		10	£10	£20	SRP Central			£			TOTAL		
S		Studen	t *	(in full time education)		£10			£10	SRP Branch					PAYMENT ↓			
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in full time education at:							ntral ar nch su		£	Add Donations here				£		£		
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PAYMENT I have paid by BACS to Sort Code: Account number: Reference: (e.g. your surname)															TIC	N.		
I have paid by BACS to Sort Code 09-01-54								451083	[]					
OR: I attach a cheque payable to SRP Bristol (or as cash, in person)																		
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I wish my subscriptions and any donations in the current										hip ve	ear to	be		icvan	IL DOX	•		
			•	itions. <i>(Pl</i>														
match your membership record and tick one of the options below)																		
I have previously completed a Gift Aid declaration, which is still valid															Y			
OR I am providing a completed Gift Aid declaration now																		
	MEMBERSHIP LIST Please complete carefully and sign below if you would like your details to be make available to other SRP members. <i>If incomplete or unsigned, your name will NOT be included</i>														ke	Tick for yes		
I give my consent for my name to be included in the membership list that is available to all SRP members																		
		. •	•	sent for the hat apply)	followi	ng ir	nforma	tion to be		Addr	ess		Pho	ne		E-r	nail	
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:																		
SignatureDateDate Protection Notice: The Society will hold members' personal details in accordance with the General Data Protect														-	: The			
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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