

Please complete this form in BLOCK CAPITALS

l itle:	Dr Prof Lord Lady Mr Mrs Ms Miss please circle as appropriate
Given Name:	Family Name:
Address:	
City / Town:	
	Postcode:
Telephone (home):	Tel. (mobile):
Email address:	
	Please tick this box if you are happy to receive information via email
MEMBERSHIP DE	TAUS
_	
£20 Annual Sub	escription £250 Life Membership
Please tick the approp	riate box. Payments should be made by Standing Order or cheque payable to 'Barts Guild'
Signed:	Date:
GIFT AID DECLA	RATION
** Please complete	this section ONLY if you wish your membership to go through Gift Aid **
have made in the past I am a UK taxpayer a	e above subscription and any additional donations/subscriptions that I make in the future or st 4 years to 'The Guild of the Royal Hospital of St Bartholomew'. and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift y donations in that tax year it is my responsibility to pay any difference.
Signed:	Date:
no longer pay sufficien want to receive the ac	Barts Guild if you (i) want to cancel this declaration, or (ii) change your name or home address, or (iii) at tax on your income and/or capital gains. If you pay Income Tax at the higher or additional rate and Iditional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax enue and Customs to adjust your tax code.

Once completed, please send this form, together with a Standing Order Request Form or a cheque, to:



Please complete the shaded boxes on this form in BLOCK CAPITALS

FOR THE ATTENTION OF THE MANAGER:

Name of Bank:		
Address:		
	Postcode:	
ACCOUNT DETAILS		
Account name:		
Sort Code:	- Account Number:	
BENEFICIARY DETA	<u>LS</u>	
Name of Bank: Address:	NATIONAL WESTMINSTER PLC PO BOX No.204, No I HATTON GARDEN, LONDON ECIP IDU	
Account Name:	THE GUILD OF THE ROYAL HOSPITAL OF ST BARTHOL Sort Code: 56-00-20 Account Number: 09418490	OMEW
Reference Number:	BG	
PAYMENT DETAILS		
Amount: £	Amount in words:	
Please pay the above a		20
date month year and on the same date in subsequent years, until notified otherwise.		
Signed:	Date:	

Once completed, please send this form, together with the Membership Form, to:

Membership Secretary, Barts Guild, St Bartholomew's Hospital, West Smithfield, London ECIA 7BE

PLEASE DO NOT SEND THIS FORM DIRECTLY TO YOUR BANK