

Membership Application Form

Name of Organisation.....

Contact Name

Email Address

Telephone Number

Address.....

.....

Postcode.....

Family (individual, student, carer)

You will be issued one non transferable card please be aware you may be asked for identification

Not for Profit group (charities, churches, non fee paying nurseries)

Your group will be issued two cards.

Evidence of connection with the group may be required when visiting the scrapstore

Schools & Profit making groups (fee paying nurseries etc)

Your group will be issued with three cards.

Evidence of connection with the group may be required when visiting the scrapstore

Your membership card(s) will be available for collection on your next visit

- I have read and agree to abide by the terms and conditions of YEASTscrapstore
- I declare that the information I have supplied is to the best of my knowledge.

SignatureDate.....

Individual Gift Aid Declaration – for past, present and future donations

giftaid it

- I confirm that I have paid or will pay an amount of Income Tax/Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Groups (CASCS) that I donate to will reclaim on my gifts for that tax year.
- I understand that other taxes such as VAT and Council Tax do not qualify.
- I understand the charity will reclaim 28p of tax on every £1 that I give on or after 6 April 2008. Please treat as Gift Aid donations all qualifying gifts of money made today [] in the future [] (please tick all boxes you wish to apply)
- By signing below I agree to YEAST Scrapstore claiming Gift Aid on all donations, including but not limited to Membership and bags of scrap.

Signature

Date

For Office Use Only
Membership Number
Membership Type.....
Renewal Date