



SOCIETY OF RECORDER PLAYERS

Registered Charity No. 282751/SC038422

WALES Branch

Membership Application / Renewal

Full Year - 1st Sep 2017 – 31st Aug 2018

Please complete all details on the form applicable to you. Please enter the branch subscription payable, and give the total. Enter this, and any donations you wish to make into the right-hand box and give your final total. Please return the form to the Wales branch Secretary. Your payment can be by cheque or by BACS.

Title (optional).....Name.....

Address.....

.....Postcode.....

Tel No.Email address.....

Membership No (if known).....

| | SRP | Branch | Sub-Total | Annual Subscription - SRP + Branch | £ |
|------------|--------|--------|-----------|--|----------|
| Full | £23.50 | £32.50 | £56.00 | National Youth Recorder Orchestra donation | £ |
| Household | £35.00 | £ | £ | Walter Bergmann Fund donation | £ |
| ◊Student | £17.00 | £8.50 | £25.50 | Central SRP donation | £ |
| †Associate | - | | £ | Concerto Fund donation | £ |
| | | | | Branch donation | £ |
| | | | | TOTAL Payment | £ |

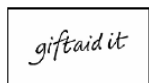
◊ Students only: I am a student in full-time education at

† Associate Branch members only: I am a full member ofBranch

PAYMENT METHOD * Please tick whichever applies:

* I attach a cheque payable to: SRP Wales Branch.....

* I have paid by BACS to - (Recipient): Society of Recorder Players Wales Branch,
Sort Code: 30-94-85, Acc.No. 00667516, Reference (member's name)



GIFT AID

Please enter **Y** for 'Yes' in the boxes, where applicable:

- I wish my Subscriptions and any Donations to be treated as Gift Aid Donations.....
- I am a new donor and a Gift Aid Declaration accompanies this form.....
- I wish to be shown in the SRP's printed Membership List as interested in consort playing.....
- I wish to be shown in the Membership List as a teacher of the recorder.....
- I have the following qualifications

Data Protection Notice: The Society will hold members' personal records in accordance with the terms of the Data Protection Act. The data you provide will be used to administer your membership nationally and by your branch. It will not be passed on to any third party without your prior consent.

• I prefer that my name only be printed in the membership list. Please enter **N** for 'Name Only'

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