

# Membership, Enrolment & Gift Aid form

September 2020



Please return to Letchworth Educational Settlement,  
229 Nevells Road, Letchworth Garden City, SG6 4UB

## Your details

Title:      First Name:      Last Name:

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Address:

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Postcode:

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Tel (Landline):      Tel (Mobile):

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Email:

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Membership No:

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Please tick this box if you want to receive our email newsletters about future events, courses and other updates.

Please tick this box if you want to receive future brochures by post.

Your details **will not** be passed on to any third parties.

**New Member?** Where did you hear about us? \_\_\_\_\_

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We no longer send out enrolment confirmations by post. If you would like one, please enclose a stamped, addressed envelope. Any course information will be sent to you and you will be contacted if there are any queries with your enrolment.

**Student's signature:**

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**Date:**

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**DATA PROTECTION:** We keep the information you provide in a database to enable us to process your enrolment and administer your membership and courses. For further information on Data Protection, please see our Privacy Policy on our website.

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**GIFT AID – If you are a UK tax payer, please complete the section overleaf so we can claim back an extra 25p for every £1 you give - at no extra cost to you.**

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# Your courses

Course Title _____	Fee payable
Day _____ Time _____	£
Course Title _____	Fee payable
Day _____ Time _____	£
Course Title _____	Fee payable
Day _____ Time _____	£
<b>Annual Membership Fee due:</b> <b>£18 (standard) • £13 (concessions - over 60 years)</b>	£
<b>Donation (Thank you!)</b>	£
<b>Total Payable</b>	£

## Gift Aid Declaration

*giftaid it*

I want to Gift Aid my donation to Letchworth Educational Settlement, and any donations I make in the future, or have made in the past 4 years.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please notify us if you:**

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

**If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.**

Payment Method:  Cash  Cheque  Visa, Mastercard or Switch *Please tick*  
Cheques should be made payable to Letchworth Settlement

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Please charge my Credit/Debit Card

Card Number

Expiry Date   Switch Issue No   
*M M Y Y*

Security Code  *Last 3 digits on reverse of card*

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I wish to pay my Annual Membership Fee by standing order and have completed the Banker's Order Form below  *Please tick*

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## Bankers Order Form – Please complete ALL sections

(From Settlement Member to his/her bank)

To: The Manager, \_\_\_\_\_ (Name of your Bank)

of \_\_\_\_\_ (Address of your Bank)

Account No: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Please pay Letchworth Adult Education Settlement\* annually the sum of

£ \_\_\_\_\_ from \_\_\_\_\_ (date DD/MM/YY)

until further notice.

\*Letchworth Adult Education Settlement, Account No: 00011799, CAF Bank Ltd,  
Sort Code 40-52-40

### Member Authorisation:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_