

Membership Application Form

Registered Charity No 280746

membership card and programme.

I / We wish to apply for membership of the Hit	chin Historical Society.
Title: First name:	Surname:
Title: First name:	Surname:
Address:	
Post Code: Email:	
Telephone:	Mobile:
Signed:	Date:
Annual membership fees: (Please tick the a	ppropriate box for your Subscription)
☐ Individual: £6 ☐ Joint/Fa	amily: £9
Life membership fees:	
Single Life Member (Under 60): £130	
☐ Single Life Member (60 or over): £80	
☐ Two Life members same household (both under 60): £230	
☐ Two Life members same household	(at least one 60 or over): £140
Please indicate your preference for receipt of	the Society's two twice-yearly publications:
Hitchin Journal	HHS Newsletter
☐ By email ☐ Printed copy	☐ By email ☐ Printed copy
Applications should be sent, with the appropriate remittance, to: Membership Secretary, 2 St Michael's Road, HITCHIN, SG4 0PZ	
Cheques should be made payable to " Hitchin Historical Society ". However, it would help us avoid bank charges if you could pay by bank transfer to the Society's account: CAF Bank , account No: 00011656 , Sort Code: 40-52-40 , with your name as reference, and please tick here \square to let us know you have done so.	
Please enclose a stamped , self-addressed envelope <u>at least 4½" x 6½"</u> for issue of your	

If you are a UK taxpayer, please also complete the following **Gift Aid declaration** which will currently enable the Society to recover 25p for every £1.00 you give. You must have paid sufficient tax equal to the amount recoverable by the Society and you can cancel this declaration at any time.



It doesn't cost you a thing and, if you are a Higher Rate taxpayer, you can also claim back for yourself the difference between the Standard and Higher rates.

Please complete details of the taxpayer below, including your first name, and return this declaration together with your application form, overleaf.

I want all donations I have made to the Hitchin Historical Society now and in the future to be Gift Aid until I notify otherwise. I understand this information will be recorded in the Society's computerised membership records only for the purposes of reclaiming tax through the Gift Aid Scheme
Title: First name: Surname:
Address:
Postcode
Signed: Date:

General Data Protection Regulation:

The information you provide on this form will be used by the Society only in connection with administration, and to provide benefits of membership to you. This includes communicating with you by post, telephone or email. Data is stored securely both electronically and on paper. It will never be disclosed to third parties or used for marketing purposes. You have the right to examine the personal data that we hold. You may request that it be corrected or deleted. Such correction or deletion will take place within 28 days of a written request to the address on this form. You have the right to complain to the Information Commissioner's Office if you believe the Society is processing your data inappropriately.