Membership Registration

I wish to join the Civil Defence Association and agree to abide by the Rules and Bye-Laws of the CDA Constitution.

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Last Name: |  |
| First Name (S): |  |
| Address: |  |
|  |  |
|  |
| County: |  | Post Code: |  |
| Telephone: |  | Email: |  |
| Reason for joining? |  |
| How did you hear about the CDA? |  |

**To make a direct bank transfer**, please make the appropriate payment to: **Civil Defence Association**, A/C: 01208688; S/C: 30-91-04, and please add your Initial and name as the reference, or if you wish, please send a cheque. Please remember to complete the attached Standing Order. ***Paying by (please tick):*** Bank Transfer □, Cheque □.

**Gift Aid**

□ ***(Please tick if appropriate):***  I AM a UK taxpayer and would like the CDA to treat this and all future donations as Gift Aid. I pay more tax than the CDA will reclaim.

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

**NEW Standing Order Instruction**

**To:** *Your Bank/ Building Society full name(s) and address* **From:** *Your name &address*

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**Your Account details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Account Name (Full)* |  | *Sort Code (Being debited)* |  | *Account No. (Being Debited)* |
|  |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| *Contact Tel. No.* |  |  | *Branch Name* |  |

**Details of you NEW Standing Order:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Recipients Name* | Civil Defence Association |  | *Recipients Sort Code* | 30-91-04 |
|  | *Recipients Account No.* | 01208688 |
|  |  |  |  |  |
| *Recipients Bank & Branch Name* | Lloyds PlcMarket Place, Boston |  | ***Payment Reference:****(To be completed by The Treasurer).* |  |
|  |

**Annual Membership Rates:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Single:Family:Organisation: | £8.00£12.00£20.00 |  | *Payment amount in numbers:* | £ |  | .00 |
|  |  |  |  |  |
| Please fill in the appropriate amount in the space alongside: | *Payment amount in words:* |  | Pounds |

|  |  |
| --- | --- |
| *First Payment Date and Payment Frequency:* | **NOW, on the 5th January, and then ANNUALLY until further notice.** |

|  |  |  |  |
| --- | --- | --- | --- |
| Please complete shaded Boxes |  | *Signature (s):* |  |
| **After completion, please send to:** |  |  |
| **The SecretaryCivil Defence Association91 Boulevard****Hull, East Riding, HU3 2UD** |  |  |
| *Date:* |  |