

EHS MEMBERSHIP APPLICATION FORM issue 2020.1

For more information on the Elham Historical Society (EHS) please visit www.elhamhistorical.org

Personal Information – (To be completed in **CAPITAL** letters please.)

Title & Last Names		
First Names		
Email Address		
Postal Address		
House Name/Number		
Street / Road		
Town / Village		
County		
Post Code		
Home Tel. No. Inc STD Code		
Mobile Tel no		
Important	We want to make sure we have your permission to keep receiving occasional e-mail updates from EHS about our work, events and talks.	
I agree to the EHS contacting me using my Personal Data shown here	Please circle: YES or NO	Please circle: YES or NO

Important Notes:

- To comply with the terms of the Data Protection Act and General Data Protection Regulation (GDPR) information provided here will not be passed on to third parties and will only be held whilst you are a current member of the EHS. Your personal data will only be used to contact you as detailed above. You may withdraw consent for the EHS to hold your personal data at any time by contacting the EHS Membership Secretary.
- Membership runs from April through to March the following year, with no part year reduction
- **Family Membership** covers a maximum of 2 adults and all children resident at the same address as the main member
- The current membership fee is £10 per adult or £20 for a family residing at the same address
- Payment can be made by cash or cheque made payable to: EHS.
- You may at times wish to carry out project and research activities and it is the members responsibility to ensure that they have adequate personal and third party insurance cover

Applicants SIGNATURE/S _____ DATE _____

**The completed Membership Application form should be returned to:
The EHS Membership Secretary, The Cottage, Cock Lane, Elham, Canterbury, Kent.
CT4 6TL**

**Are you a member of the Elham Village Hall Association?
If not please consider joining as they do support the work of the EHS**

EHS Use Only

Membership Fee Paid	£10 / £20	Mem. Type: Adult / Family
Standing Order - YES / NO		

Standing Order Mandate

Please complete, sign and send the form to your bank.

Name of Bank/Building Society

Address

Please tick relevant box:

- New Instruction
 Please amend previous Standing Order quoting reference/beneficiary

ACCOUNT TO BE DEBITED

SORT CODE

ACCOUNT NUMBER

ACCOUNT NAME

SERVICE TAKEN

BENEFICIARY DETAILS

BANK

BRANCH DETAILS

SORT CODE

ACCOUNT NUMBER

BENEFICIARY NAME
REFERENCE (Your Surname & Initials)

PAYMENT DETAILS

AMOUNT OF FIRST PAYMENT £

DATE OF FIRST PAYMENT

AMOUNT OF USUAL PAYMENT £

AMOUNT OF USUAL PAYMENT IN WORDS

TO BE PAID

MONTHLY QUARTERLY ANNUALLY

DATE OF USUAL PAYMENT

COMPLETE EITHER:

AMOUNT OF LAST PAYMENT

& DATE OF LAST PAYMENT

OR PLEASE CONTINUE PAYMENT UNTIL FURTHER NOTICE

CUSTOMER SIGNATURE(S) DATE

CUSTOMER CONTACT TELEPHONE NO:

All boxes must be completed in order for the standing order to be processed

Please return address the completed form to your bank or building society & tell us that you have set this up.