

Museum of Islay Life/Taigh-tasgaidh Muinntir Ìle

Port Charlotte

Isle of Islay

PA48 7UA



Membership Application

Please return this form to the Museum of Islay Life/Taigh-tasgaidh Muinntir Ìle.

MEMBERSHIP CATEGORIES:	Life Membership	£100.00
(please tick)	Family Membership	£20.00 (per year)
	Ordinary Member	£10.00 (per year)

Name in full: _____

Address: _____

_____ Post Code: _____

Email Address: _____

Signature: _____ Date: _____

Gift Aid Declaration

Please treat as Gift Aid donations all subscriptions and donations of money made from the date of this declaration, and in the past 4 years, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify.

Donor Name: _____

Address: _____

_____ Post Code: _____

Signature: _____ Date: _____

Please notify the Museum of Islay Life 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.



Standing Order Mandate

To _____ Bank (your bank)

Please set up the following Standing Order and debit my/our account accordingly.

1. Your Account Details

Account Name: _____ Account Number: _____

Branch: _____ Sort Code: _____

2. Payee Details

The Museum of Islay Life/Taigh-tasgaidh Muinntir Ìle

Unity Trust Bank, Nine Brindley Place, Birmingham B1 2HB

Sort code: 60-83-01 Account Number: 20356488

3. About the Payment

Payments are to be made annually.

Date and amount of first payment: Date: _____ Amount: £ _____

This payment to be made annually until further notice.

4. Confirmation

Account holders signature(s):

1. _____ Date: _____

2. _____ Date: _____

MUSEUM USE:

Membership Number: _____

Amount received in cash: _____

Application forwarded: _____