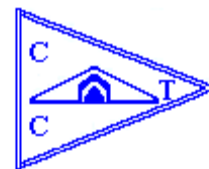


Coombeswood Canal Trust

Hawne Basin, Hereward Rise, Halesowen, West Midlands, B62 8AW.

Telephone 0121 550 1355

Registered Charity No. 1088978
Company Registered No. 04181961



MEMBERSHIP APPLICATION FORM

Membership is renewable annually on 1st August. Only fully paid up members may vote at meetings

First Name _____ Last Name _____ (Mr, Mrs, Ms, Miss)

First Name _____ Last Name _____ (Mr, Mrs, Ms, Miss)

Address _____

Post Code _____ Telephone No _____ Boat Name _____

Email address _____

I wish to receive all correspondence from the Trust by email post

I have the following skills or contacts which may be of use to the Trust:

Associate Membership	£25.00	(Associations, Organisations & Companies)
Individual (18 plus)	£8.00	Joint £14.00 (18 plus) Full Time Student £6.00 (18 plus with proof of ID)
Individual (60 plus*)	£ 6.00	Joint £10.00 (60 plus*)

*Date of Birth _____ *Date of Birth _____

I enclose Membership Fee £ _____ Donation £ _____ TOTAL £ _____
(Cheque made payable to 'Coombeswood Canal Trust' / Card / Cash)

I have read and agree to abide by the Rules of the Trust.

The information on this form will be recorded on a computerised database. In accordance with the Data Protection Act (1984) members may examine their entry at any reasonable time by prior arrangement.

Signed _____ Date _____

Gift Aid declaration:

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 or Community Amateur Sports Clubs (CASCs) 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. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

N.B. For Associate and Joint membership, each individual member that wishes to declare Gift Aid for donations must complete the declaration:

Print Name _____ Signed _____ Date _____

Print Name _____ Signed _____ Date _____

Gift Aid Notes:

Please treat as Gift Aid donations all qualifying gifts of money made Today* / In the past 4 years* / In the future* *Please delete which do not apply.

1. You can cancel the Gift Aid declaration at any time by notifying the Trust in writing.
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the Trust reclaims, you can cancel your declaration (see note 1 above).
3. If you are unsure whether your donations qualify for Gift Aid tax relief ask the Trust, or your local tax office.
4. Please notify the Trust if you change your name or address.

Please return the form to the Membership Secretary at: **21 Hyperion Rd., Stourton, Stourbridge, West Midlands, DY7 6SD.**

FOR OFFICIAL USE - Date approved: On Computer:	Membership No:	Paid £	Card/Cash/Cheque	Date: Initials:
---	----------------	--------	------------------	--------------------