



# North West Fungus Group Membership Application

All subscriptions should be made payable to **North West Fungus Group** and the form returned to the address below. Please do not send cash. Please print email address clearly.

Name:

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Address:

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Post Code:

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Email:

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Phone:

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Full membership - £7.50     Family membership - £10.00    **Please tick one**

Please pay your subscription by bank transfer to:      or send a cheque to: Kerstin Nagel

**North West Fungus Group**

12 Cove Drive

Sort code: **30-98-12**

Silverdale

Account number: **00126916**

LA50SD

This information is stored in a file and a password-protected database. It is used for the sole purpose of contacting NWFG members about NWFG matters and managing the business of the Group. It will never be disclosed for marketing purposes. Your details will be removed from our stored records within 56 days of a written request to the address on this form. (The NWFG Data Protection Policy is on the Group's web site.) **Please sign below** to indicate that you have read and accept these terms.

Signed: \_\_\_\_\_

*giftaid it*

If you wish NWFG to reclaim tax (currently 25p/£) on your subscription under Gift Aid **please sign the declaration below**. Please notify the treasurer if you wish to cancel your declaration, or if you change your address, or if you no longer pay sufficient tax on your income.

Treat as Gift Aid all donations present and future that I make. I confirm that I pay more in income/capital gains tax in each year than the total of all my Gift Aid donations.

Signed:

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