

Sharnbrook Amateur Theatre Trust Ltd
2019 Application for Student Membership* or Renewal*

*delete as appropriate

Membership runs for the calendar year from January 1st to December 31st. Membership for those who join part way through the year still expires on December 31st.

Name _____	Telephone Number** _____
Address** _____	Mobile Number** _____
_____	_____
_____	Email Address** _____
_____	(please use capitals for email address)
Post Code** _____	Date of Birth** _____

** Only required for new members or changes to our existing records

£15 Student Membership, concessionary rate for anyone under 18 or in full time education (full voting rights only if 18 or over)

I, the undersigned, hereby apply to the Board of Governors for membership of the above company and agree to be bound by the provisions of the Memorandum and Articles of Association thereof, I understand that I am entitled to inspect the Memorandum and Articles of Association, which are available at the Mill Theatre.

I acknowledge that if I am a Student Member under 18 years of age I shall not have any right to receive notice, attend or vote at any General Meeting.

By signing below I confirm that I am 18 years of age or older and give the Trust permission to hold my data on computer file as require by the Data Protection Act 1988. I acknowledge that I understand that the information supplied by me will be used to create a reference database of members and supporters of the Trust and will not be made available to any commercial organisations.

Signature _____ Date _____

Applicants under 18 years of age require their parents agreement to the above clauses (excluding confirmation of age) signified by their parent signing below

Parent Signature _____ Name _____ Date _____

Help the Trust Funds

If you or your parent, if under 18, are a UK tax payer (paying income tax on wages, savings or pension or paying capital gains tax) the Trust can claim 25p for ever pound paid in membership fees or other donations

Gift Aid your subscription by signing the declaration below as either student or parent as appropriate

If Over 18	Please treat this membership fee and all future membership fees and donations as a Gift Aid donations
Signature _____	Date _____
If Under 18	Treat this fee paid by me for my child as a Gift Aid donation. I declare that my child is under the age of 18
Parent Signature _____	Name _____ Date _____
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 will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.	

Please return this form, together with your cheque (students name on back) made payable to SMTT, to
 The Treasurer, Sharnbrook Mill Theatre, 4 Dag Lane , Riseley, Bedford, MK44 1EH

Alternatively return the form and pay by bank transfer or standing order, quoting as reference name of student to Santander Account 00353689, Sort Code 09-01-55

Please notify the Trust if you want to cancel your Gift Aid declaration or change any personal details

SMTT use only					
Date received		Cheque number	Cash	BACS	Amount £
Data recorded					