SOCIETY OF RECORDER PLAYERS

Registered Charity No 282751/SC038422

Oxford Branch Membership Application 2023 — 2024

Recorder Barris

Please complete the personal details on the form.

Please enter the subscription payable and any donations you wish to make, and return this form at a meeting, by email to <u>oxford@srp.org.uk</u> or to Anthony Hall, 22 Hayward Road, Oxford, OX2 8LW

Name:		Title		
Address:				
11uui 055.		Postcode		
Email:				
Telephone:				

	Tick / Y	Membership number if known
I am already a member of this branch.		
I am a new member		
* The subscription may be halved for new members who join after 1 January 2020.		
I am a member of another branch:		

(Please fill in name, branch, membership no if known & payment information. Other details are not needed)

Data-	Please put tick or Y by membership type		Subscriptions			Donations			
Base code	Ŧ			SRP	Branch	Total			
F		Full	(Individual)	£25.00	£25.00	+ 50 00	National Youth Recorder Orchestra	£	
Н		Household	(First member pays)	£37.50	£37.50	+ / 5 (11)	Walter Bergmann Fund	£	TOTAL
h		Household	(Other members free)				SRP Central	£	PAYMENT
А		Associate	(Member of another branch)		£25.00	£25.00	SRP Branch	£	
S		Student/Youth *	(Under 30 or student in full time education)	£10.00	£10.00	£20.00			↓
* I am und in full tim		or a student cation at	Subscription			£	Donations	£	£

PAYMENT (please pay by bank transfer if possible)						
I have paid by Bank	Account name:	Sort Code:	Account number:	Reference:		
transfer to	SRP Oxford	40-35-34	01095463	Your nane		
OR : Lattach a cheque payable to SRP Oxford						

GIFT AID giftaid it	Please put tick or Y in relevant boxes	Database code
I wish my subscriptions and any donations in the current membership year to be treated		
as Gift Aid donations. (Please make sure your details on the declaration match those on the membership record		
and tick one of the options below)		
I have previously completed a Gift Aid declaration		Y
I am providing a completed Gift Aid declaration now		Р
I will provide a completed Gift Aid declaration shortly		W

PRINTED MEMBERSHIP LIST Please complete carefully and sign below if you would like your details to appear in the printed membership list.						Tick or Y for yes			
I give my consent for my name to be included in the membership list that is sent to all SRP members									
In addition I give my consent for the following Address: Telephone Email									
I would like to be listed as interested in consort playing									
I would like to be shown as a teacher of the recorder						der			
Qualifications:									

Signature Date

Data Protection Notice: The Society will hold members' personal details in accordance with the General Data Protection Regulations. The data will be used to process your membership nationally and by your Branch. It will not be passed to any third party without your consent. For more information please see our Privacy Policy at <u>https://www.srp.org.uk/documents/rules/privacy-policy.pdf</u>