

Donation Form and Application for Voting Membership

I hereby apply to become a voting member of and voluntary financial contributor to:

The Midlands Greek Cypriot Association Ltd

TitleForename(s)Surname

Home address

.....

.....Post Code.....

Date and Place of Birth.....

Telephone Nos.. Home.....Work.....Mobile.....

Email address.....

Occupation.....

Declaration

I hereby agree to abide by rules of The Midlands Greek Cypriot Association Ltd (Elliniki Kypriaki Estia) and do hereby understand that failure to do so may result in being barred from the centre.

I understand that a copy of the Rules of the Association are available to me from the Association Office and that I will become a paid up shareholder that will allow me to vote at Annual General Meetings. The share that I hold within the Association shall be non-transferable and acquire no monetary value. Upon my voluntary donations ceasing this share will become null and void and my voting rights will be cancelled.

Signature.....

Date:/...../.....

.....

For Office Use Only:

Membership No.....

Date of joining.....

Share Certificate No.....

New Bank Standing Order Mandate

Bank Name and Address	
Account Name	
Account Number and Sort Code	
Payment Amount	£10.00 / £15.00 / £20.00 / £25.00 / £30.00 Other – Please State...£.....
Frequency	Weekly / Monthly / Quarterly / Yearly
Date of 1 st Payment	
Date of Last Payment or Until Further Notice	
Beneficiary	The Midlands Greek Cypriot Association Ltd
Reference to be included in standing order payment field	
Bank Details	Bank of Cyprus P O Box 17484 London N14 5WH
Account Number	67171711
Sort Code	30-00-42

Please accept this instruction for a new standing order by the debit of my account with you as stated above. Please note that this standing order supersedes any that I already have with you for this beneficiary under the same reference.

Signature.....

Gift Aid Declaration

Name of Charity

The Midlands Greek Cypriot Association Ltd –
Charity Ref: XT16223

Details of donor

TitleForename(s)Surname

Home address
.....
.....

..... Post Code

I want the charity to treat

*the enclosed donation of £ as a Gift Aid donation

*the donation(s) of £which I made on/...../..... as (a)
Gift Aid donation (s)

*all donations that I make from the date of this declaration until I notify you
otherwise as Gift Aid donations

*all donations I have made for this tax year and the six years prior to the year of this
declaration, (but no earlier than 6/4/2000) **and** all donations I make from the date of
this declaration until I notify you otherwise, as Gift Aid donations.

*delete as appropriate

**You must pay an amount of Income Tax and/or Capital Gains Tax at least
equal to the tax that the charity reclaims on your donations in the appropriate
tax year (currently 28p for each £1 you give).**

Signature.....

Date:/...../.....

Notes:

1. You can cancel this Declaration at any time by notifying the charity.
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 charity reclaims, you can cancel your declaration.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity.
5. Please notify the charity if you change your name or address.