

**Application for Membership**

**Annual Membership Rates**

INDIVIDUAL: £10.00  
JOINT: £12.50

**Single LIFE Membership**

AGED UNDER 50: £150  
AGED 50-60: £112  
AGED OVER 60: £ 75

**Joint LIFE Membership  
(based on younger person)**

AGED UNDER 50: £200  
AGED 50-60: £150  
AGED OVER 60: £100

I/WE apply for Single/Joint Annual/Life Membership:

TITLE/S ..... INITIALS.....

NAME(S) .....  
(BLOCK CAPITALS PLEASE)

ADDRESS.....  
.....  
.....

POSTCODE: .....

TELEPHONE: .....

Signature.....

Date.....

**Data Protection Act**

Any information that you supply to the W.K.P.S. will be held in accordance with the Data Protection Act and not passed on to any third party without your prior permission.

**Methods of Payment**

Payment may be made by cash, cheque or Bankers' Order.

**Cheque/Cash**

I enclose cheque/cash for £.....in payment of my/our annual/LIFE subscription.

If you wish to pay by Bankers' Order, please complete the section below.

**Bankers' Order**

To.....Bank Plc

Address.....  
.....

I request and authorise you to pay Lloyds Bank Plc. High St., Tenterden, Kent [30] [90] [28] now and on 1<sup>st</sup> April each year from .....for the credit of The Weald of Kent Protection Society [A/c No: 1754514] the sum of £.....until further notice.

My account No:.....

Branch Code: .....

Signature.....

Date.....

**Please send this form to Membership Secretary,  
W.K.P.S., Old Plum Trees,  
Headcorn, Ashford, Kent TN27 9PE**

**Interests**

Please tick one or more boxes

Built environment  Countryside   
Infrastructure  Village life   
Planning

**Skills**

Please tick one or more boxes

Clerical  Legal   
Planning law etc.  Photography   
Financial/Accounting  General help with events

Please add any other comments, ideas or suggestions overleaf



**GIFT AID DECLARATION**

I am a UK Income Tax payer. I would like all donations to the Weald of Kent Protection Society, from 6<sup>th</sup> April 2000, to be treated as Gift Aid. I confirm that I have paid income tax or capital gains tax which is at least equivalent to the amount of tax reclaimed in any one year.

Signed:.....

Date:.....

Name:.....

Address:.....  
.....

**THANK YOU FOR YOUR SUPPORT**