

Theatre Membership: Application and Renewal Form

FRIENDS MEMBERSHIP

£43 Individual Membership (book 2 seats per production)

£70 Family Membership (book 4 seats per production)

ASSOCIATES MEMBERSHIP

£195 Individual Membership (book 4 seats per production)

£265 Family Membership (book 8 seats per production)

PERSONAL DETAILS (please print in block capitals)

Mr/Mrs/Miss/Ms/Other _____

First name Surname _____

Home Address _____

Postcode _____

Email _____

Contact telephone number _____

IMPORTANT: Due to the 1998 Data Protection Act, please tick this box if you would like to receive free information about Theatre Royal Bath facilities and special events at the Theatre Royal and other venues

GIFT AID DECLARATION

If you are a UK taxpayer, for every £1 you give to Theatre Royal Bath, we can get an extra 25p from HM Revenue & Customs. To enable Theatre Royal Bath to reclaim the tax on your gift, please complete the declaration below.

Please treat as Gift Aid donations all qualifying gifts of money made to Theatre Royal Bath Ltd today and any donations I make in the future or have made in the past 4 years. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signature: _____

Date: _____

Please notify the Theatre if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your income and/or capital gains.

PAYMENT OPTIONS

CHEQUE

Please make cheques payable to Theatre Royal Bath Ltd

CREDIT/ DEBIT CARD

Please charge my American Express Mastercard Visa Switch/Maestro

Name of cardholder _____

Card number _____

Expiry date Issue number _____

Signature _____

Date _____

STANDING ORDER

To (insert name and address of bank) _____

Please pay to the account of the Theatre Royal Bath LTD
Account Number: 50103586 Sort Code: 20-05-12
Barclays Bank PLC, 4-5 Southgate Street, Bath, BA1 1AQ

The sum of £ _____

Figures and words _____

On the _____ day of _____ 20 _____

And annually thereafter on the same date.

A total of _____ payments in all

Title of account _____

Account Number _____

Sort Code _____

Signed _____ Date _____

Theatre Royal Bath Registered Charity no. 277723

Please return this form to:

Kerry Hine, Membership Co-ordinator, Theatre Royal Bath, Sawclose, Bath BA1 1ET