Basingstoke & District Branch

Application for Membership

NAME:……
(Please include title, e.g. Mr, Mrs etc., and initials or forename, as well as surname in order for us to claim gift aid if you are ticking the Gift Aid box below)

ADDRESS: ……

……..

……..

POSTCODE: ……

E-MAIL ……

TELEPHONE NO: ……

DATE: ……...

Please find enclosed:	Membership Fee (new fee from 1st January 2018)	**£ 12.00**
	Donation (Thank You)	£
	TOTAL	£

Please tick this box if you require a receipt to be sent ☐

To qualify for Gift Aid, what you pay in income tax or capital gains tax must equal at least the amount that all charities you donate to will reclaim in the tax year (6 April to 5 April)

Please tick this box to enable us to treat all your donations in the last 4 years, and all your future donations until further notice, as Gift Aid. ☐

OR, If you are not a UK Tax Payer, please tick this box ☐

Cheques/postal orders should be made payable to CATS PROTECTION and sent together with this form to the address below:

Cheryl Blackmore,
4 Kirby Close, Devizes, Wiltshire SN10 2EL

Thank You