



Peterborough & District Family History Society

www.peterborofhs.org.uk

JOINT MEMBERSHIP APPLICATION FORM

[1] Title..... Forename(s)..... Surname.....

Address.....

Postcode..... Telephone Email.....

[2] Title..... Forename(s)..... Surname.....

(If more than 2 people will share a Joint Membership, please write further details & signatures overleaf)

We apply for membership of the Peterborough & District Family History Society as:
(please tick appropriate box)

£12 Joint Members

£10 Joint Overseas Members (Electronic Journal only)

Signatures [1] [2] DATE.....

If any of the applicants is under 18 Signature of parent/guardian.....

I will pay my subscription by:
(please tick appropriate box)

by sterling cheque drawn on a UK bank (attached).

directly to the Society's bank a/c (The Treasurer will send the details on receipt of this form)

Your next Annual Subscriptions will be due on the 1st April unless you joined between 1st January and 31st March, in which case your next Annual Subscription will be due on the 1st April of the following year.

Please complete the Gift Aid Declaration section if you are a UK income taxpayer as this generates extra income for the Society at no cost to you.

- ❖ The Society will reclaim 25p of tax on every £1 you give on.
- ❖ **If you pay income tax above the standard rate**, you must include all your Gift Aid donations on your tax return if you want to receive any additional tax relief due to you.

GIFT AID DECLARATION (1st named member to complete)

Please treat all gifts of money that I make today and in the future as Gift Aid Donations.

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6th April to 5th April the next year) that is at least equal to the amount of tax that the Society will reclaim on your gifts for that tax year.

Donor's Name

Home Address

(Postcode)..... Date..... Signature.....

PLEASE ENSURE YOU SIGN THIS PART OF THE FORM. WE CANNOT CLAIM THE TAX IF YOU DO NOT

Please notify the Treasurer if you:

1. Want to cancel this declaration
2. Change your name or address
3. No longer pay sufficient income tax and/or capital gains to cover the amount claimed by the Society.

Please now complete the General Data Protection Regulations Agreement Form on the next page for the first two applicants. We will contact you with GDPR forms for any additional applicants.

and then send BOTH pages to The Treasurer, 11 The Village, Orton Longueville, Peterborough PE2 7ND

Peterborough & District Family History Society

Data Protection Consent Form (Joint Member Category)

We confirm that we have read the Privacy Statement concerning the General Data Protection Regulation (GDPR) and the records held by the Peterborough & District Family History Society. As Joint members we understand that only one set of contact details needs to be provided and used by the society for communication purposes: in other respects we understand that we are regarded as members of equal standing. We therefore **JOINTLY** consent to the use of the following information by the society, for the purposes indicated, only where we have indicated.

First Joint Member: Please circle your Yes / No responses in all of the boxes and sign below **ON BEHALF OF YOU BOTH**.

Second Joint Member: Please circle your Yes / No response in the **FIRST** box only and sign below.

Membership number (to be added by PDFHS) _____	In all the boxes of this column, please do one of the following: 1. Fill in the details requested. 2. Or write "Do not have" or "Do not wish to provide", as appropriate.	May we use your details for society communications?
Titles and Names: (BLOCK CAPS) Journals will be addressed to the First Member, or to both Members as indicated by your response.	First Joint Member's Name	Yes / No
	Second Joint Member's Name	Yes / No
Address: including postcode. (BLOCK CAPS)	This will be the address where BOTH members reside.	Yes / No
Telephone number(s) of First Joint Member:	Landline:	Yes / No
	Mobile:	Yes / No
Email address of First Joint Member:		Yes / No

Please add any further information which you think may be relevant. _____.

1st Member's Signature : _____ **Date** _____ **2nd Member's Signature :** _____ **Date** _____

Name _____ **Signature** _____ **Date** _____

Name (BLOCK CAPITALS) and signature of parent or guardian if either of the above is under 18