



# NORFOLK AND NORWICH ARCHAEOLOGICAL SOCIETY

## New Membership Application Form

Please complete this form and return it to the New Membership Secretary, Gina Davies,  
39 Glenn Way, Poringland, Norfolk NR14 7LU

Annual Membership Rates: Single £16; Household £20; Institutional £20; Junior (under 18) £5.

### Personal Details

Name: .....  
Address: .....  
.....  
..... Postcode: .....  
Telephone: .....  
Email: .....

I enclose a standing order/cheque payable to Norfolk & Norwich Archaeological Society for  
£..... for single/joint/institutional/junior membership. (Please delete as applicable).

*You should be aware that the Society will hold details of your name and address (including email), subscription record, and where appropriate, gift aid declaration on a computer record. This information will be used only for the purpose of communicating with you and with the Revenue (where a gift aid declaration exists) and will not be released to anyone other than an officer of the Society, except at your specific request.*

### Standing Order Mandate

To (name and address of your Bankers) .....  
.....

Please pay to Barclays Bank Plc, Bank Plain, Norwich, for the credit of the Norfolk and Norwich Archaeological Society (Sort Code 20-62-53, Account No. 90661015), the sum of £..... now and on the 1st day of January next and in every succeeding year until further notice. This supersedes any existing order.

Name of account to be debited: .....

Sort Code: .....

Account No.: .....

Signature(s): .....

Date: .....

**Gift Aid Declaration**

I (full name in capitals) .....

of (address) .....  
.....  
..... (postcode) .....

will donate annually to the Norfolk and Norwich Archaeological Society such sum as, after the deduction of income tax at the basic rate for the time being in force, amounts to £..... or is equivalent to the annual membership subscription payable to the Society as at the date on which payment is due, whichever shall be greater.

I declare that all donations I make to the Society on or after the date of this declaration are to be treated as Gift Aid donations.

I understand that the income tax or capital gains tax I pay must be equal to or greater than the amount which the society can reclaim on my donations (equivalent to the basic tax rate deducted) and I will notify the Society if I no longer pay sufficient income tax or capital gains tax.

Signed:.....

Date: .....