



# NANTMOR MOUNTAIN CENTRE ASSOCIATION

[www.nantmormountaincentre.co.uk](http://www.nantmormountaincentre.co.uk)

## Application for Nomination as an Individual Member of THE NANTMOR MOUNTAIN CENTRE ASSOCIATION

An Individual member of the Nantmor Mountain Centre Association is any person, not an affiliated body, who wishes to support the work of The Centre.  
Individual members have voting rights at a General Meeting, may be nominated for election as a member of the Directors Group or the Premises Management Group.  
The Committee of Management reserves the right to limit the numbers of Individual Members in the Association.

|                           |  |              |  |
|---------------------------|--|--------------|--|
| Name of Individual Member |  |              |  |
| Address of Member         |  |              |  |
| Post Code                 |  | Phone Number |  |
| E-mail Address            |  |              |  |

|           |  |      |  |
|-----------|--|------|--|
| Signature |  | Date |  |
|-----------|--|------|--|

I have been introduced to NMCA by

| Individual Membership Fees for Jan – Dec.  |           |  |              |  |  |
|--|-----------|--|--------------|--|--|
| I enclose my membership fee  | Date Paid |  | Fees paid to |  | Cheque Number / Cash                                 |
| GDPR.<br>We do not pass on your information to anybody outside of NMCA. Your details are used so that we can stay in touch with you about your membership and let you know what is happening at the centre. Please indicate how you would like us to stay in touch with you. |           |  |              |  | Email: Yes / No<br>Post: Yes / No<br>Phone: Yes / No |
| I wish my membership fee to be treated as gift aid   |           |  |              |  | Yes / No   |

Please make any cheques payable to: NANTMOR MOUNTAIN CENTRE ASSOCIATION

Please return this form to: Mrs I Tustin, Cherry Trees, Hill View Road, Strensham, Worcestershire, WR8 9LJ

Please note that information supplied on this form will be stored in the Associations Data Base, at the above address and supplied to officers of the association for purposes of administration of the association.



## GIFT AID DECLARATION

Title. .... Forename(s). ..... Surname. ....

Address. ....

.....

.....Post Code. ....

I want the charity to treat all donations I make from the date of this Declaration, until I notify you otherwise, as Gift Aid donations.

Signed. .... Date. ....

✂.....

Notes to be retained.

1. You must pay an amount in Income Tax and / or Capital Gains Tax at least equal to the tax the charity reclaims on your donations in the tax year.
2. You can cancel this Declaration at any time by notifying the charity.
3. If in the future your circumstances change, and you no longer pay tax on your Income and Capital Gains equal to the tax the charity reclaims, you can cancel your Declaration (see note 1).
4. If you pay tax at the higher rate, you can claim further tax relief in your Self-Assessment Tax Return.
5. If you are unsure, whether your donations qualify for Gift Aid tax relief, ask the charity, or ask your local Tax Office for leaflet IR65.
6. Please notify the charity if you change your name or address.