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|  |  | **ESU SCOTLAND MEMBERSHIP FORM** |

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| Please fill in the whole form using a ball point pen and return to :  English-Speaking Union Scotland, 23 Atholl Crescent, Edinburgh EH3 8HQ | **Scottish Charity No. SCOOO653**  SUN 998235 |

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| --- | --- | --- | --- | --- |
| Full Name |  |  | Tel. No. |  |
| Home Address |  |  |  |  |
|  |  |  | Mobile |  |
|  |  |  |  |  |
| Post Code |  |  | Email |  |

|  |  |  |
| --- | --- | --- |
| **TYPE OF MEMBERSHIP** | **Amount** | **Tick below as appropriate** |

|  |  |  |
| --- | --- | --- |
| Adult Membership (cash or cheque) | £30 per year |  |
| Adult Membership (direct debit-see form below ) | £25 per year |  |
| Retired Membership (cash, cheque, direct debit-see form below) | £25 per year |  |
| Family (2 members at the same address) (cash, cheque, direct debit-see form below) | £35 per year |  |

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| **ADDITIONAL DONATION** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I/We would like to make an additional donation of : £ |  |  | Date |  |  |  |

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| **GIFT AID** |
| If you are a UK Income or Capital Gains Tax payer in this tax year to an amount at least equal to the tax that ESU Scotland reclaims on your membership and/or additional donation and would like this donation to be treated as UK Gift Aid please complete the declaration below. |

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| **GIFT AID DECLARATION** |

|  |  |  |
| --- | --- | --- |
| I/We wish my Subscription and/or donation of £ |  | to English-Speaking Union Scotland to be treated as UK gift aid. I/We confirm that I |
| am a UK Income or Capital gains 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(s) |  |  | Date |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |

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| **ENGLISH-SPEAKING UNION SCOTLAND** | **Instruction to your bank or building society to pay by Direct Debit** | direct_debit logo.png |

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| Service user number | | | | | | | | | | | | | | | | | |
| 9 | | | 9 | | | 8 | | | 2 | | | 3 | | | 5 | | |
| Reference | | | | | | | | | | | | | | | | | |
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| **Instruction to your bank or building society**  Please pay English-Speaking Union Scotland direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.  I understand that this instruction may remain with English –Speaking Union Scotland and if so, details will be passed electronically to my bank/building society. | | | | | | | | | | | | | | | | | | | | | |
| **Signature(s)** | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | | | | | | | | | | | | | | | | | | | | | |

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| Please fill in the whole form using a ball point pen and send to :  **ESU Scotland; 23 Atholl Crescent; Edinburgh EH3 8HQ** | | | | | | | | | | | | |
| **Name and Postal address of your bank or building society** | | | | | | | | | | | | |
| **To : The Manager Bank/building society** | | | | | | | | | | | | |
| **Address** | | | | | | | | | | | | |
| **Postcode** | | | | | | | | | | | | |
| **Name(s) of account holder(s)** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Bank/building society account number** | | | | | | | | | | | | |
|  |  | |  | |  |  | |  | |  | |  |
| **Branch sort code** | | | | | | | | | | | | |
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