

APPLICATION FORM FOR SERVING FAMILY MEMBERSHIP

Queen Street, Portsmouth Po1 3HS
Telephone: (023) 92824231
Fax: (023) 92293496

SURNAME: FORENAMES:.....

ADDRESS:.....

TEL NO: RATING:.....

SHIP/ESTABLISHMENT: SERVICE NO:.....

I wish to propose the following eligible members of my family for membership of the Royal Maritime Club

Spouse No Charge
Children over the age of 18 years £10.00 each
Parents, Siblings and Grandchildren over the age of 18 years £15.00 each

FAMILY MEMBERSHIP IS OFFERED ON AN ANNUAL BASIS ONLY, RENEWABLE 1 JANUARY, AND WILL BE TERMINATED ON RELEASE FROM SERVICE. THERE-AFTER APPLICATION FOR FULL AND FAMILY MEMBERSHIP OFFERED UNDER THE EX-SERVING CATEGORY. DETAILS ON REQUEST. PLEASE MAKE CHEQUES PAYABLE TO ROYAL MARITIME CLUB.

DETAILS OF FAMILY MEMBERS

SURNAME:..... FORENAMES:.....

HOME ADDRESS:.....

.....

TELEPHONE NO:..... POST CODE:.....

DATE OF BIRTH:..... RELATIONSHIP TO ABOVE:.....

SURNAME:..... FORENAMES:.....

HOME ADDRESS:.....

.....

TELEPHONE NO:..... POST CODE:.....

DATE OF BIRTH:..... RELATIONSHIP TO ABOVE:.....

SURNAME:..... FORENAMES:.....

HOME ADDRESS:.....

.....

TELEPHONE NO:..... POST CODE:.....

DATE OF BIRTH:..... RELATIONSHIP TO ABOVE:.....

SURNAME:..... FORENAMES:.....

HOME ADDRESS:.....

.....

TELEPHONE NO:..... POST CODE:.....

DATE OF BIRTH:..... RELATIONSHIP TO ABOVE:.....

BANKERS ORDER

(Separate forms to be completed for each applicant)

To (name of your bank)

.....

(Address of your bank)

.....

.....

..... Post Code

Your bank sort code number

Your bank account number

.....

Please pay to National Westminster Bank plc, 130 Commercial Road, Portsmouth, Hants, PO1 3EJ (56-00-64) for the credit of the Royal Maritime Club (03307360) the sum of £60.00/£30.00/£25.00/£20.00/£18.00/£15.00/£12.00/£10.00* on the 1st January 2008, and thereafter a like sum on 1 January until further notice.

*Delete as necessary

Signature Date

Name (in block capitals)

.....

Your Address

.....

..... Post Code

The completed form should be sent to:

The Administration Manager
Royal Maritime Club
Queen Street
Portsmouth
PO1 3HS

IT SHOULD NOT BE SENT TO YOUR BANK

FOR OFFICE USE

Instruction to bankers. Please quote the following number after the name on all statements and correspondence ().

Gift Aid Declaration

Name of Charity: Portsmouth Royal Maritime Club

Do you pay any form of income tax? (this includes tax on any pensions you receive).

If no please disregard this form.

If yes please complete the following and forward to The Royal Maritime Club at the address above.

Details of donor

Title Forename(s) Surname:

Address

.....

..... Post Code

I would like the charity to treat my annual subscription as Gift Aid Donations

Signature Date

Notes

1. You can cancel this declaration at any time by notifying The Royal Maritime Club.
2. If in the future your circumstances change and you no longer pay income tax you must cancel your declaration.
3. If you pay you tax at the higher rate you can claim further tax relief in your Self-Assessment tax return.
4. If you are still unsure whether your subscription qualifies for Gift Aid tax relief, ask your local tax office for leaflet IR 65.
5. Please notify the Club of you change your name and address.