



# Society Membership Application Form 2021

PLEASE COMPLETE IN BLOCK CAPITALS

Registered Charity No. 1040613

(Please indicate) I wish to join the Society I wish to renew my membership

## ANNUAL SUBSCRIPTION

UK	£28.00	Joint Rate	£33.00
Overseas	£38.00	Joint Rate	£43.00
Student	£12.00 (for each year up to 3: UK and Ireland)		
Corporate	£50.00		

**Subscription Payment Methods:** Cash, Cheque, Bank Standing Order, Credit Card.

## GIFT AID DECLARATION

- \* I would like the Jane Austen Society to reclaim the tax on this and all eligible donations or membership subscriptions that I may make in the future or have made in the past 4 years.
- \*I declare that I am a taxpayer and I have paid an amount of tax that at least equals the tax deducted from any such subscription or donation.
- \*I agree that I shall advise the Treasurer of the Society or any other named officer should I cease to be a United Kingdom tax payer.

Full Name: .....

Signature: ..... Date:.....

Reg. Charity No. 1040613

## ANNUAL MEMBERSHIP

PLEASE PRINT

Title: .....

First Name: ..... Surname: .....

Address: .....

Postcode: .....

Phone No:..... E-mail:.....

I enclose a cheque for: £..... payable to The Jane Austen Society / I wish to pay £..... by Mastercard /

Visa number:...../...../..... Expires:...../.....

Authorisation code: (last 3 nos. beneath signature on reverse).....Switch card/Issue No: .....

My membership number is:..... (current members)



Please register me for member access to the JAS website; my email is

.....

(I understand I will only be registered if I have provided an email address.)

**BANKER'S ORDER**

To: (Name of Bank)..... Date .....

Address of Bank:.....

Postcode of Bank:..... Account number:..... Sort code: .....

(Please give name and address of your own Bank, and your account number)

Please pay to the Jane Austen Society at TSB Bank, 40 High Street, Alton, Hampshire GU34 1BQ  
(Account number 01330528, Code 30-90-15) the sum of £ ..... on\* ..... and continue paying  
that amount annually until further orders in writing from me. This cancels all existing orders in favour of the  
Society.

Signature .....

Full name .....

Address .....

..... Post code .....

Membership number .....(provided by office)

Return to: Sharron Bassett, 9 George Street, Dunfermline, Fife, Scotland KY11 4TQ

\* Please check that you have filled in the commencement date.