



Application for Full Membership

Giving young people, particularly those with special needs, a sporting chance.

www.lordstaverners.org

Registered in England Company Number 582579/Registered Charity Number 306054

| PERSONAL INFORMATION | |
|----------------------|------------------------|
| Surname | First Name |
| Title | Date of Birth DD MM YY |
| Home Address | |
| Town | Postcode |
| Telephone | Mobile |
| Email | |

| BUSINESS INFORMATION <i>(Please note we are unable to offer membership to any person who is professionally employed by another charity)</i> | |
|---|------------------|
| Business Name | Business Address |
| Town | Postcode |
| Nature of/Position in Business | |

| | | | |
|---|------------------------------------|-----------------------------------|--------------------------------|
| Which address should we use for correspondence and the Members Handbook? | Home <input type="checkbox"/> | Business <input type="checkbox"/> | |
| What details would you like us to include in the Members Handbook? | Telephone <input type="checkbox"/> | Mobile <input type="checkbox"/> | Email <input type="checkbox"/> |
| <i>(This handbook is confidential to Full Members only and may not be used for commercial purposes)</i> | | | |

| INTERESTS | | | | | | |
|---|---------------------------------------|--------------------------------------|----------------------------------|---------------------------------------|--|------------------------------------|
| Cricket <input type="checkbox"/> | Playing Golf <input type="checkbox"/> | Racing/Polo <input type="checkbox"/> | Tennis <input type="checkbox"/> | Rugby <input type="checkbox"/> | Running Marathons <input type="checkbox"/> | Cycling <input type="checkbox"/> |
| Travel/Cruises <input type="checkbox"/> | Music <input type="checkbox"/> | Food/Drink <input type="checkbox"/> | Theatre <input type="checkbox"/> | Opera/Ballet <input type="checkbox"/> | Bridge <input type="checkbox"/> | Floristry <input type="checkbox"/> |
| What other interests do you have? | | | | | | |

| CONTRIBUTION | | | |
|---|---|---|--|
| How can you specifically help the charity to achieve its objectives? | | | |
| Which events have you attended in the last 12 months? | | | |
| Are you able to help with or provide contacts for: | Raffles/Auction Prizes <input type="checkbox"/> | Sponsorship <input type="checkbox"/> | Advertising <input type="checkbox"/> |
| Would you be willing to participate in: | Regional Committee <input type="checkbox"/> | Event Organising <input type="checkbox"/> | Treasurer Support <input type="checkbox"/> |
| Would you be able to represent and speak on behalf of the charity at an event? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How did you hear about The Lady Taverners? | | | |
| Are you involved in other charitable organisations, if so please provide details? | | | |

DATA PROTECTION ACT 1998

The information that you give us is termed "personal data" under the Data Protection Act 1998. Under the terms of the Data Protection Act 1998, The Lord's Taverners will store and process information about you for the purpose of providing services in accordance with our charitable aims.



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| PROSPOSER INFORMATION | |
|--|--------------------|
| Surname | First Name |
| Title | Membership Number: |
| As a Full Member of The Lady Taverners, I have known the applicant for years and recommend them for Full Membership for the following reasons: | |
| Signature | Date |

| SECONDER INFORMATION | |
|--|--------------------|
| Surname | Name |
| Title | Membership Number: |
| As a Full Member of The Lady Taverners, I have known the applicant for years and recommend them for Full Membership for the following reasons: | |
| Signature | Date |

| DECLARATION | |
|--|------|
| I am applying to become a Full Member of The Lady Taverners and undertake to do all that I can to assist and support the Charity in their work and to achieve its objective to <i>give young people, particularly those with special needs, a sporting chance.</i> | |
| I enclose a cheque in payment of my first year's subscription of £95 (which includes £40 joining fee) <input type="checkbox"/> | |
| I enclose a completed Direct Debit mandate for payment of future subscriptions <input type="checkbox"/> | |
| I enclose my completed Gift Aid form to allow The Lord's Taverners to reclaim tax on my subscription and any future donation <input type="checkbox"/> | |
| Signature | Date |

Please forward completed forms to:
Membership Secretary
The Lord's Taverners
10 Buckingham Place
London, SW1E 6HX
Email: membership@lordstaverners.org
Telephone: 020 7821 2828

| | |
|-------------------------|--|
| Office Use Only: | |
| Date Received: | |
| Payment: | |
| Direct Debit form | |
| Gift Aid form | |
| Membership No: | |
| Region: | |

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