

## Membership Form

i/we wish to apply for /re	snew. membership of the Ar	ngio-norse society in London
(*please delete as appropri	iate)	
Title(s): Nam	e(s):	
Address:		
Home/mobile phone:		
E-mail:		
Date of birth (individual me	embers only):	
	Membership Rates*	
Individual: £25 (members Joint/Family: £40	aged under 26 or over 60) Life: £300	£30 (members aged 26-59) Corporate: £100
* I enclose a cheque (paya	ble to "The Anglo-Norse Soc	ciety in London")
* Faster Payment (BACS):	Sort Code: 09-01-29 Accour	nt: 39883755 Ref: SUBS
* I pay by Standing Order	(please enclose a separate fo	orm for new mandates)
(*indicate rate <u>and</u> payme	nt option as appropriate)	
	GIFT AID DECLARATION	
of this declaration, and in the understand that if I pay less I	e past four years, as Gift Aid doncome Tax and/or Capital Gain	scriptions/donations from the date onations. I am a UK taxpayer and s Tax than the amount of Gift Aid lity to pay any difference to HMRC.
Signature:		
Date:		
(Please notify us if you change y	your name and/or home address o	or want to cancel this declaration)

Email: membership@anglo-norse.org.uk

Please return this form to: Anglo-Norse Society, 25 Belgrave Square, London. SW1X 8QD