

Membership/Donation Form

Title(s): Name(s):	
Address:		
Home/mobile phone:		
E-mail address:		
Date of birth:		
Connection to/interest in Nor	way (optional):	
	Membership Rates*	
Individual: Free (aged under Joint: £40	£25 (ages 23-29 or over 60) Life: £300	£30 (ages 30-59) Corporate: £100
I also wish to make a donation	n to the "Anglo-Norse Society in Lon	don" of: £
* Faster Payment (BACS): Son	to "The Anglo-Norse Society in Londo t Code: 09-01-29 Business account: 3 case complete a separate form for nev	39883755 Ref: SUBS
(*indicate appropriate mei	mbership rate <u>and</u> payment metho	od, if appropriate)
	GIFT AID DECLARATION	
of this declaration, and in the understand that if I pay less II	ciety in London to treat all subscription past four years, as Gift Aid donations acome Tax and/or Capital Gains Tax the that tax year, it is my responsibility to past	s. I am a UK taxpayer and an the amount of Gift Aid
Signature:		
Date:		
(Please notify us if you change y	our name and/or home address or want t	o cancel this declaration)

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