

The PEEL SOCIETY MEMBERSHIP APPLICATION

I/we wish to apply for Membership of The Peel Society:
 (Signed) _____ (Date) _____

Please complete this form and send with your cheque to:
 The Chairman, "Norvisda", 66-B Dosthill Road, Two Gates, TAMWORTH B77 1JB.

PART A - APPLICANT/S:

Name 1: Mr./Mrs./Ms. _____	
Name 2: Mr./Mrs./Ms. _____	
Address: _____ _____ _____	
Post Code: _____	Telephone: _____
E.Mail Address: _____	
Please circle below to indicate your Age Group	
Under 30: <input type="checkbox"/>	30-40: <input type="checkbox"/>
41-50: <input type="checkbox"/>	51-60: <input type="checkbox"/>
61-70: <input type="checkbox"/>	71-80: <input type="checkbox"/>
Over 80: <input type="checkbox"/>	

DATA PROTECTION ACT, 1998: Your personal details will be held by
 The Peel Society for the purposes of your membership, and for no other.

PART B - SUBSCRIPTION:

Initial Registration Fee with all applications . . . £ 10:00 together with your	
Annual Subscription £ :	
Single Adults . . . £10.00}	
Married Couples . . £15.00}	
Students £ 5.00}	
Institutions £20.00}	
OR Life Membership £ :	
(Once-and-for-all payment of £100 per person)	
TOTAL AMOUNT Payable to "The Peel Society" . .	£ :

To save on administration costs, receipts will NOT be issued
 by the Society, unless specifically requested by the member.

PART C - (Optional) DECLARATION:

(Tax Relief can be claimed if this section is completed).	
I want The Peel Society, Registered Charity No.50986, to treat all donations that I make, from the date of this declaration and until I notify you otherwise as "Gift Aid" Donations:	
Date: _____	Signed: _____
Also, please print your name underneath in Block Capitals _____	

PART D - PEEL SOCIETY OFFICE USE ONLY:

Date of Receipt	Total Amount:	Committee Approved:	Welcome Pack:	Chairman's Signature:
: :	£	: :	: :	