



# Gift Membership Application Form

Member's details

**PLEASE COMPLETE IN BLOCK CAPITALS**

1<sup>ST</sup> Member. (Title, First name, Surname) \_\_\_\_\_ DoB \_\_/\_\_/\_\_

2<sup>nd</sup> Member. (Title, First name, Surname) \_\_\_\_\_ DoB \_\_/\_\_/\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Phone No. \_\_\_\_\_

Email \_\_\_\_\_

### Family Membership– Children's details

First name & Surname \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_ M/F

First name & Surname \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_ M/F

First name & Surname \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_ M/F

First name & Surname \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_ M/F

### Full membership, minimum rates

Please circle your choice of payment

- |                 |                      |
|-----------------|----------------------|
|                 | Annual               |
| Individual      | £27                  |
| Joint           | £36                  |
| Family ***      | £42                  |
| Individual Life | £1000 one of payment |

### Gift From

(Title, First name, Surname) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Date Required \_\_/\_\_/\_\_ To be sent to (delete as appropriate) New Member/Me

Special message to recipient if sending direct. (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you wish to renew this membership annually? Yes/No**

**Please return this form with your payment to Membership Services, Surrey Wildlife Trust, School Lane, Pirbright, Woking, Surrey, GU24 0JN. If you wish to pay by credit/debit card over the phone please call 01483 795445**