Application for Membership to Ryedale Beekeepers' Association

| Title & First Name | | |
|--|-----------------------|---|
| Surname: | | |
| Address line 1: | | |
| Address line 2: | | |
| Address line 3: | | |
| Post code: | | |
| Telephone Number: | | |
| Email Address: | | |
| Number of colonies: | | If you will have more than 3 colonies during the year please add the appropriate Bee Disease Insurance premium to the Full Membership application |
| Type of membership | [please tick box:] | |
| Full £34.00 | | |
| Partner £24.00 | | |
| Junior [under 18] £7.00 | | |
| Associate £6.00 | | |
| Gift Aid Declaration [see attached form] | | |
| | egional Bee Inspector | protect colonies from disease, our membership list. Please tick box if you do not wish your contact |
| Signature | | |

1

Please return by email, the completed form with confirmation of payment to: treasurer@ryedalebees.co.uk

For Bee Disease insurance (BDI) – please add the following amount to the Full Membership subscription above when making payment.

Up to 3 hives Included in your subs above.

Up to 5 hives + £1.20

Up to 10 hives + £4.70

Up to 15 hives + £7.75

Up to 20 hives + £9.50

Up to 25 hives + £11.10

Up to 30 hives + £13.60

Up to 35 hives + £16.10

Up to 39 hives + £18.10

Payment by BACS/Online Banking.

Account: Ryedale Beekeepers Association

Account Number: 50151908

Sort Code: 60-13-38

Payment Reference: [yourname] + SUBS

Gift Aid Declaration

Please treat as Gift Aid donations all qualifying gifts of money made, by ticking all boxes you wish to apply.

| Today: | In the future: | |
|--------|----------------|--|
|--------|----------------|--|

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify.

I understand the charity will reclaim 25p of tax on every £1 that I give.

Donor details

| Title | | First Name or initi | al [s] | |
|-----------------|-------|---------------------|--------|--|
| Surna | ame | | | |
| Full h addre | | | | |
| Postc | ode | | Date | |
| Signa | iture | | | |

Please notify Ryedale Beekeepers' Association if you:

- Wish to cancel this declaration.
- Change your name or home address.
- No longer pay sufficient tax on your income and/or capital gains.
- If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

The completed form should be scanned or photographed and emailed to **treasurer@ryedalebees.co.uk**