



Application Form for Membership of the Weardale Railway Trust

Please complete your details and return to:

The Membership Secretary, Weardale Railway Trust, 15 Dene Hall Drive, Bishop Auckland Co Durham DL14 6UF.

Please make any cheques payable to: "The Weardale Railway Trust" . If you wish to pay by BACS, The account details are: Barclays Bank Plc Sort Code: 20-09-44, A/c No: 70069310 and please add your name as a reference.

Title _____ Forename(s) _____ Surname _____

(Title _____ Forename(s) _____ Surname _____
(Second person if choosing joint membership)

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| <p>Address _____ _____ _____</p> <p>Town _____</p> <p>County _____</p> <p>Post Code _____</p> <p>Country _____</p> <p>Tel. No. _____</p> <p>Mobile No. _____</p> <p>Email _____</p> | <p>Membership Class required: (Please indicate v)</p> <p>Full Annual (Individual) £18.00 <input type="checkbox"/></p> <p>Joint Annual (Additional person) £10.00 <input type="checkbox"/></p> <p>Concessionary* Annual £14.00 <input type="checkbox"/> (* Student, unemployed, retired)</p> <p>Junior (under 16) Annual £10.00 <input type="checkbox"/></p> <p>Family# Annual £40.00 <input type="checkbox"/> (# 2 adults and up to 3 children)</p> <p>Life Membership (under 60) £350.00 <input type="checkbox"/></p> <p>Life Membership (60 or over) £200.00 <input type="checkbox"/></p> <p>Donation £ _____</p> <p>For the purpose of:</p> <p><input type="checkbox"/> Chq Enc'd. <input type="checkbox"/> BACS Total £ _____</p> |
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Note: If you are a UK taxpayer the taxman will add 25p to every pound of your membership and donation at no cost to you via the Gift Aid scheme.

I want the Weardale Railway Trust Ltd to treat the enclosed membership fee and any donation as Gift Aid donations.

Important

I agree to the information on this form being placed on computer or retained in hard copy form for Weardale Railway Trust membership purposes and agree to receive information relating to Weardale Railway Trust/Weardale Railway Heritage Services Limited by: (Please tick)

Post Phone Text Message E-mail

Signature: _____ **Date:** _____

Please note that for your membership and donation to qualify for tax relief, the amount of income and/or capital gains tax you pay must at least equal the total amount of your Gift Aid.