Title………….. Name…………………………………………………………………….. Date………………………………..

Address…….

……………………………………………………………………………….. ..Postcode:- ……………………………………

Contact Number: …………………………………………………………Membership No. ………………………………………

Email address: ……………………………………………………………………….. (please print clearly)

Membership Classes: (Please tick the relevant class you require)

Concessions (over 65 or on benefits) **£15** ☐   **Family   £30** ☐   **Ordinary   £25** ☐

If you live abroad, could you also pay an extra £6 towards the cost of the overseas postage surcharges.

I would also like to make an additional donation of £ ……………………….

My cheque for £ ………………….. is enclosed, which includes my annual subscription, plus my additional donation (if applicable.)

You may also pay by bank transfer or standing order to:- CAF Bank, New Medway Steam Packet Co Ltd Sort Code 40-52-40   Account No 00008835 stating your name and membership number (if known)

Please confirm by ticking the following box that you wish to receive information relating to the MQPS which we believe would be of interest to you. ☐

Our Privacy Statement is published on our website at www.medwayqueen.co.uk

----

IT WOULD BE GREATLY APPRECIATED IF YOU WOULD KINDLY CONSIDER COMPLETING THE FOLLOWING CHARITY GIFT AID DECLARATION (BUT ONLY IF YOU PAY TAX.)

In order to Gift Aid your donation you must tick the box below and provide your name and address.

☐ **I want to Gift Aid my donation of £……………. and any donations I make in the future or have made in the past 4 years to:**   (*please enter the full amount inclusive of your subscription fee*)

CHARITY NAME: The Medway Queen Preservation Society (The New Medway Steam Packet Co. Ltd.)

I am a UK taxpayer and understand that if I pay less Income Tax and / or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay the difference. My details are:-

Title ………..   First name or initial ……………………………………. Surname ………………………………………………

Full Home Address ………

………………………………………………………………………Postcode…………………………………. Date ………………

Please notify the charity 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.

Signature …………………………………………………………………………..