Stratford-on-Avon Conservatives

www.stratfordconservatives.co.uk

Membership Application Form

I would like to join the Conservatives

Title	First name	Surname	Quals	DOB (DD/MM/YYYY)

Address

Postcode:

Email:

Day tel:	
Eve tel:	

Please only enter a telephone number if you are happy for us to contact you that way. If you are registered for the Telephone Preference Service we will assume that you are giving us permission to phone you.

* A date of birth is only required if under 23 years old and claiming the discounted rate of £5 for young members.

Members are entitled to vote in the Party's national ballots, such as that for Leader, and to vote in elections within their local Conservative Association 3 months after joining.

Payment details

I / we wish to become member(s) of the Conservative Party, and make a:

A. **Monthly** contribution of ❑ £5, ❑ £10, ❑ £25, ❑ £100, £_____

B. **Yearly** contribution of ❑ £25, ❑ £30, ❑ £50, ❑ £100, £_____

I / we wish to pay by

A. ❑ Direct Debit
B. ❑ Credit card
C. ❑ Cheque, payable to "Stratford-on-Avon Conservative Association"

Whilst supporters may contribute any sum to help the Party, the minimum amount to qualify as a member with voting rights is £25 per person.

If you wish to give more than £200 in any single payment, you must be on a UK register of electors. We will check this for you, and may contact you for further information if needed.

If you kindly give more than £5,000 in a year, your name and the amount will be given to the Electoral Commission for publication on their Register of Donors to Political Parties.

Data Protection Act. The information you provide on this form will only be used by us – we will not pass on details to any other organisation.

Payment by Direct Debit

Instruction to your bank or building society. Please pay the above payment details to Lloyds TSB, 22 Bridge Street, Stratford-on-Avon, CV37 6AG for the credit of the Stratford Conservative Association, 3 Trinity Street, Stratford-upon-Avon, CV37 6BL (Sort Code: 30-98-26 Account Number 24 88 28) account.

Starting On:

_____

(commencement date)

Name & full postal address of your Bank or Building Society

To the Manager, Bank or Society

Postcode:

Please send completed form to 3 Trinity Street, Stratford-on-Avon - do not send to your bank. Banks and societies may not accept direct debit instructions from some types of account.

I understand that this instruction will remain in place with the Stratford-on-Avon Conservative Association and that I may cancel this instruction at any time by writing to my bank or building society.

Originator's identification number:

Reference number: (office use)

Branch sort code: ☐☐-☐☐-☐☐

Account no: ☐☐☐☐☐☐☐☐

Account name:

Signed:

Date:

Payment by credit card

Please debit my ❑ MasterCard, ❑ Visa/Visa Electron, ❑ Switch, ❑ Amex, ❑ Diners card

Card number: _____ _____ _____ _____ Security number (last 3 digits on rear of card): _____

Exp date: _____/_____ Start date if shown: _____/_____ Issue number if shown: _____

Signed: _____ Please print as shown on card:

Please send completed form (and cheque made payable to Stratford-on-Avon Conservative Association, if applicable) to:

Stratford-on-Avon Conservative Association, 3 Trinity Street, Stratford-upon-Avon, Warwickshire CV37 6BL