

Membership Application

PLEASE COMPLETE IN CAPITAL LETTERS

Email to: secretary@ecvs.co.uk

Annual Membership Fee

Full Member _____ £50

Student/Young Person
Membership (Under 21): £25
(Age/Student ID required)

CO-OPERATIVE BANK

Name on account
EDINBURGH CINE & VIDEO SOCIETY
Account number
67409576
Sort code
08-92-99

If by bank transfer please
email confirmation of your
payment to our Treasurer
Dr Vic Young.
finance@ecvs.co.uk

Membership Details:

Name: _____

Address: _____

Post Code: _____

Tel. No.(Home) _____

Tel. No. (Mobile) _____

Email: _____

Signature: _____

Date: _____

I am interested in:

Gift Aid

I would like the Edinburgh Cine & Video Society to reclaim the tax on all donations and subscriptions I have made in the past four years and all future donations and subscriptions until I notify you otherwise.

Signed _____

Date: _____

I am a UK taxpayer and understand if I pay less Income Tax and/or Capital Gains Tax in the current year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay the difference.

FOR OFFICE USE ONLY

Mem No _____ Gift Aid _____

WhatsApp registered ☐]

Sharepoint registered ☐