



CAMBRIDGESHIRE Historic Churches Trust

APPLICATION FOR MEMBERSHIP

Please enrol me as a member of the
Cambridgeshire Historic Churches Trust

Please use BLOCK CAPITALS & complete all sections

CHRISTIAN NAME(S):

SURNAME: TITLE:

ADDRESS:

.....

..... POSTCODE:

TELEPHONE:

E-Mail Address:

I enclose a year's subscription (minimum £10)

Please make cheques payable to:

Cambridgeshire Historic Churches Trust

GIFT AID DECLARATION

I am a UK Taxpayer and wish the Cambridgeshire Historic Churches Trust to treat this and all subsequent donations and subscriptions as a Gift Aid Donation, unless I notify you otherwise, on which the Trust can reclaim tax at the Standard Rate.

Signed:

Date: