



# 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 **CHCT**

Please also complete and send the Bankers Order Form

### 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: .....