**FRIENDS OF THE TIVOLI**

A Company limited by guarantee

Registered Office: 19-23 West Borough, Wimborne, Dorset. BH21 1LT

www.tivoliwimborne.co.uk

Registered in Wales no. 3001139

Reg. Charity No. 1053930

Tel: 01202 849103

**Membership Application Form**

By joining the Friends of the Tivoli, you will not only be helping the theatre with your subscription but will also be eligible to vote at the AGM (voting rights apply to members aged 18 years and over only). In addition, you will receive a quarterly newsletter and programme, and invites to special Friends' events.

Please complete this form, sign it and return with your cheque and a SAE to:

The Membership Secretary, Mrs J Thorne, Friends of the Tivoli, 19-27 West Borough, Wimborne. BH21 1LT

FULL NAME ………………………………………………………………………… (MR/MRS/MISS/MS)

(please print all names in block capitals)

ADDRESS; …………………………………………………………………………………………………..

 …………………………………………………………………………………………………...

POST CODE: …………………………

TEL NO. ………………………………………… (Eve) ……………….……………………………… (day)

e-mail address: ………………………………………………………………………………………………..

(to be used only by the Tivoli and not disclosed to any other organisation) Please **print clearly**

I hereby apply for annual membership of the Friends of the Tivoli as follows: (From 1 January)

|  |  |  |
| --- | --- | --- |
| Individual  | £12.00  | £ |
| Joint (2 adults over 18 at same address) | £20.00  | £ |
| Donation (optional) |  | £ |
| TOTAL: |  | £ |

Membership runs for one calendar year from 1 January. Cheques payable to Friends of the Tivoli.

Signed: 1. ………..…………………………………………. (first member)

 2. …..………………………………………………..(second member - family & joint memberships)

The Trustees reserve the right to refuse membership.

By signing this form you give consent for Tivoli Theatre to send you Newsletters, Programmes & Notice of AGM.

----------------------------------------------------------------------------------------------------------------------------------------------------------------

**GIFT AID**

If you wish to gift aid your donations**, please complete the attached form**

----------------------------------------------------------------------------------------------------------------------------------------------------------------

**Volunteers**: If you can help in any of the following areas, please tick and you will be contacted:

|  |  |  |  |
| --- | --- | --- | --- |
| Front of House Evenings |  | Leaflet Distribution |  |
| Front of House Afternoons |  | Poster Display |  |

----------------------------------------------------------------------------------------------------------------------------------------------------------------

**OFFICE USE ONLY**

Date Received ……………………………………….. Card No. ………….. Sent …………………………………..

Signed: ………………………………………………... Chair, Board of Trustees

 

Gift Aid declaration – for past, present & future donations

Increase your gift for free by completing and returning this form. If you Gift Aid your donation,

The Tivoli Theatre will continue to receive an additional 25p per £1 donated. The Tivoli Theatre can claim Gift Aid tax relief of 25p on every £1 you give.

To quality for Gift Aid, you must pay an amount of UK Income Tax and / or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year

(currently 25p for each £1 given). The tax year is 6 April one year to 5 April the next.

**I am a UK taxpayer. Please treat all donations I make or have made to**

**Tivoli Theatre for the past 4 years as Gift Aid donations until further notice.**

**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 any difference**.

Name: ...............................................................................................................................

Home address: ................................................................................................................

..........................................................................................................................................

Postcode ...............................................

Signature ......................................................... Date: ..................................

**Please return this form to**: Membership Secretary, Friends of the Tivoli, 19-27 West Borough,

Wimborne, Dorset, BH21 1LT

Please notify The Tivoli Theatre if you:

• Want to cancel this declaration

• Change your name or home address

• No longer pay sufficient tax on your income and/or capital gains

Registered Office 19-23 West Borough, Wimborne, Dorset BH21 1LT

Registered Charity No. 1053930