

# Holybourne Theatre

London Road, Holybourne, Alton, Hants. GU34 4EL

Enquiries telephone 01420 86457

[www.holybournetheatre.co.uk](http://www.holybournetheatre.co.uk)

Registered Charity No 1121620

Company No: 4265713 Registered in England & Wales



## Application for Membership to Holybourne Theatre Ltd

Please select the type of membership required

Membership runs from 1<sup>st</sup> September each year, even if you join part way through the year full payment is due and it is not pro rata

Individual member £14.00 (adults aged 16 and above)

Family membership £21.00 (this covers two adults and all children)

Patron £30 (minimum contribution)

BACS details: Sort code 77-25-06 Account No: 60063863, provide your name as reference

Cheques should be made payable to 'Holybourne Theatre'

Name(s) .....

.....  
(for family membership please list all family members)

Address .....

Home tel: ..... Email .....

Mobile No: .....

Tell me more about the 50/50 club (a monthly £1 lottery which raises money for theatre funds)

Please add me to the Theatre eMail newsletter

### ***I formally request to become a member of Holybourne Theatre***

I agree to contribute to the assets of the Association in the event on the same being wound up while I am a member or within one year after if I cease to be a member. This is for payment of the debts and liabilities of the Association contracted or incurred before I cease to be a member and of the costs, charges and expenses of winding up and for the adjustment of the right of the contributors among themselves, the sum of one pound or such higher amount as an individual member agrees to contribute, so that the total of all members' contributions aggregated together will not be less than one pound.

(In the event that the theatre ceases to trade, you the member, will be liable to the debt of £1.00)

Signed ..... Date .....

### ***If under eighteen years of age***

Any person over the age of sixteen (16) shall be qualified to be elected members of the Association. Any person wishing to be elected a member of the Association between the ages of sixteen (16) and eighteen (18) shall be required to provide a written guarantee from a parent or legal guardian agreeing to contribute to the assets of the Association, in the event of the same being wound up while he/she is a member if within one year after if they cease to be a member as if the parent or legal guardian were, themselves, a member of the Association.

(In the event that the theatre ceases to trade, the countersigning parent/guardian, will be liable to the debt of £1)

Signature of parent or legal guardian ..... Date .....

Name of parent or legal guardian .....

For further information please contact John Priddle on 01420 86547 (Chairman)



**Registered Office:**  
Holybourne Theatre  
London Road  
Holybourne  
Alton  
Hampshire  
GU34 4EL

**A charity and company limited by guarantee**

Gift Aid declaration form—for past, present & future donations

If you are a tax payer, then you can help the theatre by letting us reclaim the tax on your membership subscription. All money raised by the theatre is used for improvements, maintenance or new equipment –so this really would help us. Please complete the form below and return to the theatre. Thank-you.

Name of charity: Holybourne Theatre

Please treat as Gift Aid donations all qualifying gifts of money

- made today
- in the past 4 years
- in the future

*Please tick all boxes you wish to apply.*

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

**Donor’s details**

Title ..... First name or initial(s) ..... Surname .....

Address

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

Postcode .....

Signed ..... Date .....

Please notify the charity or CASC if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.