

# Jim Cronin Memorial Fund for Primate Welfare & Conservation.

Reg Charity No 1126939

Hethfelton House, Hethfelton, Wareham. Dorset. BH20 6HS

Telephone: 01929 462487 Email: fundraising@jimcroninmemorialfund.org




## MEMBERSHIP APPLICATION FORM

Title		First Name		Surname	
Address					
Age			Date of Birth		
Postcode			Telephone No		
Mobile No			Email Address		

### Membership of the charity includes the following:

- Exclusive pewter Acorn pin badge.
- Advance notification and pre-booking of all Jim Cronin Memorial Fund events.
- 10% Discount on all Jim Cronin Memorial Fund events and merchandise.
- Twice yearly newsletter.

Adults Membership (aged 16 & over)	£30.00 per year	<input type="checkbox"/>	Child Membership	£20.00 per year	<input type="checkbox"/>
Senior membership (60 years & over)	£20.00 per year	<input type="checkbox"/>	Family Membership (2 adults & 2 children)	£80.00 per year	<input type="checkbox"/>

	<b>Gift Aid your Membership</b>
	For every £1 our members donate whether through membership or donations, HM Revenue and Customs will give the Jim Cronin Memorial Fund 25p, which means that for each adult membership of £30.00, the charity will receive an additional £7.50. * Conditions Apply
If you would like to Gift Aid your membership please tick here. <input type="checkbox"/> We will forward you a gift aid form to complete or alternatively you can download a form from our website at <a href="http://www.jimcroninmemorialfund.org">www.jimcroninmemorialfund.org</a>	

How would you like us to contact you? Would you like to receive your copy of the charities newsletter and/or other charity correspondence via post or email? (Please tick one) Post ☐ Email ☐

**Data Protection: We will not pass your name, address or any other personal information on to any third parties.**

Payment can be made by either cheque (payable to the Jim Cronin Memorial Fund) or by debit/credit card. If you would prefer to make payment over the telephone, please contact us on 01929 462487.

Please complete as necessary

☐ I enclose a cheque to the value of £..... for 12 months membership.

☐ I authorise the charity to take payment for membership, the amount of £..... from the card details below.

Name on Card		Card Number	
Start Date		Expiry Date	
Issue No		Security Code	
Cardholders Signature		Date Signed	

**Once completed, please return to the address above, you will receive your membership pack within 14 days.**