



TOC H

PO Box 15824, Birmingham, B13 3JU.

Tel: 0121 443 3552 | Email: info@toch.org.uk | website: www.toch-uk.org.uk



Application of New Membership Form

Membership of Toc H is open to anyone over the age of 16, who agrees with the principles of Toc H and on the payment of the annual subscription. Members may be affiliated to a local branch or may be classified as a Lone member.

Section 1: Your Details

Your Full Name

Telephone Number:

Mobile Number (Optional):

Your Address:

Address Line 2:

Town/City:

County:

Post Code:

Date of Birth:

Email Address (Optional):

Continue overleaf.



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Section 2: Membership Costs:

The cost of Annual Membership is currently £20. However, Toc H works on the principle that members support our work by making a contribution to the Central Funds through self-assessment. Cheques should be payable to Toc H or you can set up a standing order using the mandate on page 3 (optional).

I wish to join Toc H. I enclose a payment of £ which comprises my annual membership fee of £20.00 and includes a donation of £

Toc H may wish to publish members' contact details in a directory made available to other members. If you are happy for your details to be included please tick here

If you are affiliated to a branch please write the branch name here -

Gift Aid Declaration – Toc H (Registered Charity No. 211042)

Completing this declaration enables Toc H to claim back the tax on your donation. This can increase a donation by 25%. You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that Toc H will reclaim on your gifts for that tax year.

I(name) wish you to treat:

my enclosed **donation** of £ as a Gift Aid donation, or

all donations that I make to Toc H today and in future as Gift Aid donations, please inform us if your circumstances change.

Your Address:

Address Line 2:

Town/City:

County:

Post Code:

Signature :

NB: Once completed, please use the blue button at the bottom of page 3 of this form to send your completed form to us by email. If you have any problems please email us directly or manually attach the completed form to a blank email and send it to info@toch.org.uk

Thank you.



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BANKERS ORDER FORM (Optional)

Please provide us details of your Bank or Building Society:

Name of Bank:

Address:

Address Line 2:

Town:

Post Code:

Your Bank Account Details:

Account Name:

A/C number: Sort Code:

Please cancel all previous Standing Orders to Toc H.

Please pay to the account of TOC H at Co-operative Bank PLC,
P.O. Box 250, Delf House, Southway, Skelmersdale, WN8 6WT,
Sort code 08-92-99, Account Number 65518537

the sum of: And

on the same date each: month / quarter / year until further notice.

Starting from: DD / MM / YYYY.....or as soon after as practical.

Signature:

Name:

(For Toc H use only) Reference to be quoted: