

Become a **friend** PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS OVERLEAF

YOUR DETAILS

| | | |
|----------------------|--------------------|----------|
| TITLE: | FORENAME/INITIALS: | SURNAME: |
| ADDRESS: | | |
| | | |
| POSTCODE: | | |
| TELEPHONE (DAY/EVE): | | |
| EMAIL*: | | |

*Please include your email address to make sure you'll receive advance notifications and e-mailings.

MEMBERSHIP DETAILS

I wish to join Birmingham Hippodrome Friends' scheme ☐ Single £40 ☐ Joint £60 ☐ Family £70
(PLEASE TICK PREFERRED LEVEL)

If your membership is being purchased as a gift, please complete the name of the gift recipient below

| | |
|---|----------|
| NAME: | SURNAME: |
| NAME OF SECOND CARD HOLDER (JOINT/FAMILY ONLY): | |

I wish to make an additional donation of £ alongside my membership subscription
(PLEASE COMPLETE A GIFT AID MANDATE BELOW)

PAYMENT DETAILS

Either ☐ I wish to pay £ by Direct Debit (PLEASE COMPLETE FORM OVERLEAF)

or ☐ I enclose £ by CHEQUE made payable to Birmingham Hippodrome

or ☐ I wish to pay by credit/debit card.
Please call me on the contact number I have provided to take my payment details.

GIFT AID DECLARATION

If you have included a donation with your membership and you are eligible for Gift Aid, please sign below.

I would like Birmingham Hippodrome (Registered Charity 511567) to treat all donations, past present and future as Gift Aid donations. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year that is at least equal to the amount of tax that all charities I donate to will reclaim. I understand that other taxes such as VAT and Council Tax do not qualify. I confirm I will notify Birmingham Hippodrome if I wish to cancel this declaration, if my name or address changes or if I no longer pay sufficient tax as described above.

SIGNATURE:



Please fill in the whole form using a ball point pen and send it to:

**Birmingham Hippodrome Friends
Freepost RLRY-YACX-TZEG
Birmingham Hippodrome
Hurst Street
Southside
Birmingham
B4 5TB**

NAME(S) OF ACCOUNT HOLDER(S):

BRANCH SORT CODE:

BANK/BUILDING SOCIETY ACCOUNT NUMBER:

Name and full postal address of your Bank or Building Society

TO: THE MANAGER
BANK/BUILDING SOCIETY:

ADDRESS:

SIGNATURE(S):

POSTCODE:

DATE:

(To be completed by Birmingham Hippodrome)

| | | | |
|--------------|--------------|---------------|-----------------|
| BOOKING REF: | EXPIRY DATE: | PROCESSED BY: | DATE PROCESSED: |
|--------------|--------------|---------------|-----------------|

Instruction to your Bank or Building Society to pay by Direct Debit

ORIGINATOR'S IDENTIFICATION NUMBER:

8 | 3 | 0 | 9 | 0 | 8

REFERENCE (to be completed by Birmingham Hippodrome):

| | | | | | | | |

Instruction to your Bank or Building Society
Please pay Birmingham Hippodrome Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct debit Guarantee. I understand that this instruction may remain with Birmingham Hippodrome and, if so, details will be passed electronically to my Bank/Building Society.

Please read this guarantee information before signing. A copy of this will be sent to you for your re

The Direct Debit Guarantee

- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Birmingham Hippodrome Theatre will notify you ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Birmingham Hippodrome Theatre or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.