

Friends Membership Application form

☐ **New Membership** ☐ **Returning Member** ☐ **Gift Membership**

Please return this form with remittance or Direct Debit section completed to a ticket office or the Friends' Administrator, CUBG, 1 Brookside, Cambridge, CB2 1JE

1. Member details – please use block capitals

| | Title | First Name | Surname |
|---------------------|-------|------------|---------|
| 1st member (single) | | | |
| 2nd member (joint) | | | |
| Address | | | |
| Postcode | | | |
| Telephone | | | |
| Email | | | |

Tick here if you would prefer to receive a printed copy of the triannual Friends' News ☐ (otherwise it will be sent by email)

Tick here to receive the monthly e-news of plant picks ☐

2. Membership category (please circle the appropriate amount)

| | |
|--|---------|
| Single per annum | £ 52.00 |
| Joint per annum (two adults with one mailing address) | £ 87.00 |
| I also wish to make an additional donation of £ _____ | |
| If paying by Direct Debit I wish/do not wish to give this donation annually | |
| If you have paid for entry today, you can deduct your admission charge upon same day production of your admission ticket at a ticket office £- _____ | |
| TOTAL | £ _____ |

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Boost your donation by 25p of Gift Aid for every £1 you donate.

☐ I am a UK tax payer and I would like the Cambridge University Botanic Garden to treat this donation and all future donations as Gift Aid donations until I notify you otherwise.

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that we will reclaim in the appropriate tax year (currently 25p for each £1 you give) otherwise it is your responsibility to pay any difference.

| | | | | |
|-----------------------------|----------|--------------|----------|---------|
| For office use only. | CARD NO: | DATE ISSUED: | EXPIRES: | DD WEF: |
|-----------------------------|----------|--------------|----------|---------|



Cambridge University
Botanic Garden

3. Billing details if different

| |
|-----------------|
| Person paying |
| Payer's address |
| Postcode |
| Telephone |
| Email |

4. Payment details. Only required if you are not paying by Direct Debit or in person at the ticket offices.

| | |
|---|---------|
| Payment by cash/cheque (made payable to the University of Cambridge) | |
| I enclose cash/cheque for | £ _____ |
| Payment by credit/debit card | |
| Please debit my American Express/Mastercard/VISA/Maestro for £ _____ | |
| Card number | |
| Valid from ____/____/____ to ____/____/____ Issue no (Maestro only) _____ | |
| Security Number _____ (last 3 digits on the signature strip on the reverse of the card or the 4 digits on the front of the card for American Express) | |
| Name on Card (please print) | |

DATA PROTECTION The details you have supplied will be used for processing your membership and sending you information about the Cambridge University Botanic Garden. Your details will not be shared with any 3rd party in accordance with the Data Protection Act 1998. CHARITABLE STATUS The Botanic Garden is part of the University of Cambridge, an exempt charity under Schedule 2 of the Charities Act 1993.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Please remember to sign here ↗

Renew by Direct Debit. By completing this section we will be able to renew your membership automatically in future years. We will email you (or write in the absence of an email address) in advance of renewal every year to advise you of this.

ALL FIELDS MUST BE COMPLETED

Friends of Cambridge University
Botanic Garden
1 Brookside
Cambridge CB2 1JE

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



Name and full postal address of your Bank or Building Society

| | |
|-------------------------------|-----------------------|
| To: The Manager | Bank/Building Society |
| Bank/Building Society Address | |
| Postcode | |

Name(s) of Account Holder(s)

| |
|--|
| |
|--|

Bank/Building Society Account Number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Branch Sort Code

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Service User Number

| | | | | | |
|---|---|---|---|---|---|
| 4 | 1 | 7 | 8 | 8 | 5 |
|---|---|---|---|---|---|

Reference (office use only)

| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
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Instruction to your Bank or Building Society

Please pay the University of Cambridge 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 the University of Cambridge and, if so, details will be passed electronically to my Bank/Building Society.

| | |
|--------------|------|
| Signature(s) | Date |
|--------------|------|

Banks and Building Societies may not accept Direct Debit Instructions from some types of account.

DD17

This Guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit the University of Cambridge will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the University of Cambridge to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by the University of Cambridge or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when the University of Cambridge asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify the Friends' Office of Cambridge University Botanic Garden.