

# CARSHALTON & DISTRICT HISTORY & ARCHAEOLOGY SOCIETY

Formerly the Beddington, Carshalton &  
Wallington Archaeological Society

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**To: The Membership Secretary (Shirley Caines)  
Carshalton & District History & Archaeology Society  
5 Shirley Road  
WALLINGTON  
SM6 9QB**

I/We wish to apply for membership of the Carshalton & District History & Archaeology Society.

I/We understand that my/our membership fee is payable with this application. (Cheques to be made payable to CADHAS).

I/We agree that the Society can hold my/our membership details on computer. This information will only be used for the administration of the Society in accordance with the Data Protection Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Surname and initials (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Preferred First Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email address \_\_\_\_\_

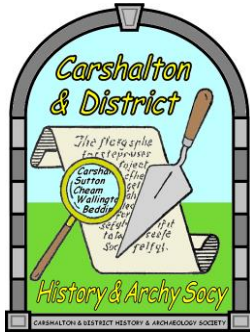
Please indicate type of membership requested (payable 1st January) and whether you are willing to accept communications by email. Please enclose a stamped addressed envelope.

Single £12.00\*

Couple £18.00\*

If you are a taxpayer you will help the Society (at no cost to yourself) by signing the Gift Aid declaration, attached after this page.

THE SOCIETY RESERVES THE RIGHT TO REFUSE MEMBERSHIP



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## GIFT AID DECLARATION

I wish the Carshalton & District History & Archaeology Society (formerly the Beddington, Carshalton & Wallington Archaeological Society) to treat as gift aid all subscriptions and donations made by me since 6 April, 2000 and hereafter and to reclaim tax accordingly.

Signature

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Date

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Surname

(BLOCK CAPITALS)

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First names

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Address

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Post Code

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Telephone No

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Email address

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