

AOBA Application Form

This form to be used for new and rejoining members. Please complete this form in **Black or Blue Ink**

PERSONAL DETAILS

Title		Initials		Surname	
First Name				Former Surname	
Preferred Name				Date of Birth (dd mm yy)	
Global Consent *	Yes	No		Post-nominals**	

Address Line 1					
Address Line 2					
Address Line 3					
Town/City					
County				Post Code	
Country (if not UK)					
Email Address					
Telephone Number				Mobile Number	

SERVICE DETAILS

Service Number				Date of Joining (dd mm yy)	
A/T Rank		Rank on Discharge		Intake (e.g. 72C)	Company A,B,C,D

DATA PROTECTION

The AOBA database holds personal information in order to provide support for its serving and retired members. We will use the information to contact you about AOBA events, process requests for Benevolence and other related AOBA activity. The AOBA is legally bound by the Data Protection Act to ensure that any data it holds on individuals is relevant, accurate and not excessive. Additionally it must be fairly and lawfully processed, held for defined purposes, be accurate and up to date, not kept for longer than necessary, processed in line with your rights and must be secure. We will ensure that all data held on our database is treated in accordance with these principles.

Please rest assured that we will not be selling or misusing any personal data and we do not intend to contact you too often; we merely need your formal agreement for us to use your data to establish routine correspondence.

By signing this form I am giving the AOBA explicit consent to process my information for the purposes stated on this form and I confirm that the details I have provided are correct.

	Yes/No
I agree to the AOBA contacting me with news updates, event notifications and targeted requests for assistance.	
I would prefer my OBAN magazine by Email (YES) . If (NO) it will be sent by Post	

Signature		Date	
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* If a member wants to contact you do you consent for your contact details to be given without asking you first?

** Please include academic qualifications and professional memberships (i.e. MBE, BSc, MIET)

PLEASE RETURN ALL FORMS TO:

AOBA Membership Officer
37 Redfern Road
Stone
ST15 0LF



Please complete the **grey boxes** on both pages, using a ball point pen, and send them to:

AOBA Treasurer's Office

11 Naishes Avenue, Peasedown St John

Bath, BA2 8TF

Name(s) of account holder(s)

Bank/Building Society account No

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Branch sort code

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Name & address of your bank To: The Manager

To: The Manager	
Post Code	

Ref number (to be completed by the treasurer)

A	O	B	A								
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Some banks & building societies may not accept DD instructions from some types of account

DIRECT Debit

Instruction to your bank or building society to pay by direct debit

Originator's identification Number

657754

For AOBA official use only

This is not part of the instruction to your bank or building society

Instruction to your bank/building society

Please pay **Arborfield Old Boys Association** Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debits guarantee. I understand this instruction may remain with the Arborfield Old Boys Association and, if so, details will be passed electronically to my bank/building society.

Signature

Date

The Direct Debit Guarantee

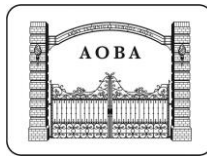


This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Guarantee Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society

If the amounts to be paid or the payment dates change the Arborfield Old Boys Association will notify you 30 working days in advance of your account being debited or as otherwise agreed

If an error is made by the Arborfield Old Boys Association or your Bank or Building Society you are guaranteed a full and immediate refund from our branch of the amount paid

You can cancel your direct debit at any time by writing to your Bank or Building Society with a copy to the AOBA Registrar



DECLARATIONS

I **have / have not*** made an additional donation to the AOBA Charity and **do / do not*** agree to my donation being published in The OBAN; this authority **does / does not*** cover any future donations to the AOBA Charity.

GIFT AID

As a charity, the AOBA Charity not only benefits from donations, but is able to claim a refund of tax from HMRC if the donation has been made from an individual's income that has been subject to Income Tax or Capital Gains Tax.

I **would / would not*** like the AOBA to reclaim Gift Aid on my current and future donation(s).

I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the AOBA Charity will reclaim 25p of tax on every £1 that I give on or after 6 April 2018.

I will notify the AOBA if I want to cancel this declaration, change my name or home address, or no longer pay sufficient tax on my income and/or capital gains.

I understand that if I pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to me, then I must include all my Gift Aid donations on my Self-Assessment tax return or ask HM Revenue and Customs to adjust my tax code.

(* delete as applicable)

Signature		Date	
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