I/We would like to RENEW my/our membership of MaidARA and enclose

£15.00 subscriptions for each person Cheque payable to Maidara

Name in Full	1 Name	in Full	2			
Post Code			Telephone Number			
Email address 1			Mobile Number			
Email address 2			Mobile Number			
Contact in case of Emergencies (not necessarily next of kin) but NOT a fellow member						
Name						
Signed 1	Signed 2			Dat	e	
In line with the General Data Protection Regulation (GDPR) you are informed that when you become a member of, or renew your membership with, MaidARA your personal information will be shared with Committee Members, Leaders of Activities that you take part in, and Leaders of Outings or Holidays that you go on.						
Please tick the	e box to confirm you agree with the above	,	1	2		
Please note that you can request for your data not to be used for any of these purposes at any time by contacting us.						
	the Gift Aid Declaration below, if it is approp CLARATION: Maidstone Active Retiremen		-		71910	
	payer and understand that if I pay less Incor t Aid claimed on all my donations in that tax					
TitleInitial	l(s)Surname					
Signature	Date.					
	payer and understand that if I pay less Incor t Aid claimed on all my donations in that tax		•			
	l(s)Surname					
•	Signature Date					
Home address						
Please notify	the charity if you: want to cancel this declar	ation;	change your r	name or hon	ne address; no	

Form Renewal

longer pay sufficient tax on your income and/or capital gains.