

# **West Ox Arts Gallery**

Town Hall, Market Square  
Bampton, Oxfordshire OX18 2JH  
Phone: 01993 850137  
Email: gallery@westoxarts.com  
Web: www.westoxarts.com

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## **Membership Application Form**

**NAME** ..... **NEW/RENEWAL** .....

**ADDRESS** .....

**POSTCODE** ..... **PHONE NO** ..... **MOBILE** .....

**EMAIL** .....

**MEMBERSHIP RATES:**      **SINGLE £25 PA**      **FAMILY £45.00 PA**      **STUDENT £10.00 PA**

\* We offer a reduced rate for students who are in full time education of £10 per annum with formal proof of ID and status

**Type of Membership:**      Single      Family      Student\*

Do you wish to exhibit?:      If yes, please indicate your art form:

Are you interested in selling items in our Gallery Gift Shop?\*:

Can you volunteer to sit in the gallery occasionally for a morning or afternoon?

**Signature** ..... **Date** .....

(Any information you provide will be used for the purposes of this organisation only. It will be held securely and will not be divulged to any third party without your prior consent.)

### **METHODS OF PAYMENT:**

Cheque payable to WOA Membership or

Bank Transfer (HSBC, Sort Code 40-47-07, Acc No 91283960 (pls put MEM before surname))

OFFICE USE ONLY

Payment £  
Membership list  
Mailing list  
Address list  
M'ship card sent

### **Gift Aid Declaration**

Since 6th April 2000, it has been possible for Registered Charities such as WOA to reclaim income/capital gains tax that has already been paid by you on certain payments, including subscriptions. This means that your subscription may be worth up to 25% extra to us if you are content to sign this declaration, but will cost you nothing extra and involve no work on your part. All you need to do is sign and return this form to the Gallery and the Treasurer will reclaim the tax from HMRC.

Full Name .....

Address (including postcode) .....

I would like West Ox Arts (Charity No 266542) to treat as Gift Aid Donations all donations that I make from this date until further notice. I understand that I must pay/have paid an amount of tax equal to the amount the Charity reclaims on my donations in the Tax Year.

Signed ..... Date .....