2009/10 Season Membership Application

To apply for 2009/10 Season Membership complete this Application Form and deliver it to us.

If you are a UK taxpayer then you can make a Gift Aid declaration which can further support our mission to show the best of world cinema in Southampton.

Early Bird offer!

Full 2009/10 Season Membership	**£55**
Concessionary rate	**£45**

For the concessionary rate I am: unwaged | over 60 | full-time student
(please indicate which applies)

Postal applications postmarked on or before **30th September 2009** enjoy the *Early Bird* rates:

Full 2009/10 Season Membership	**£48**
Concessionary rate	**£39**

To post your finished card to you please **add £1** to your postal Application

Name _____

Address _____

_____

_____

Postcode _____

Email _____

The total I am paying for membership and card delivery is:
£ _____

Gift Aid Declaration

I would like my membership payment to be treated as a donation.

The donations I have made for this tax year and the six years prior to the year of this declaration (but no earlier than 6/4/2000) and all donations I make from the date of this declaration until I notify you otherwise, are to be treated as Gift Aid donations.

I confirm that I have paid an amount of UK Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on my donations in the appropriate year.

Signed _____ Date _____

"The Phoenix" (Southampton Film Theatre) is a Registered Charity 276825.
Further details about The Phoenix and the Gift Aid arrangements can be found at *www.thephoenix.org.uk*

Payment _____

I am paying by accompanying cheque/cash
Cheques made payable to 'The Phoenix'. Cash payments in person only.

or

I wish to pay by credit/debit card (please ring the one that applies)
I confirm that the cardholder address and signatory is that of the Applicant

VISA · MasterCard · VISA Electron · Maestro · SOLO · JCB

My card number is

Issue number
(Maestro and Solo-badged cards if applicable)

Expiry date of card

Card security code
(last 3 digits on reverse of card)

Signed _____

Deliver this Application Form **with** your **payment**/instructions to:

The Phoenix (Memberships)
PO Box 1212
Southampton SO17 1ZL