

MEMBERSHIP APPLICATION FORM

TITLE	ITLE FIRST NAME			SURNAME				
ADDRESS			TEL					
POSTCODE			EMAIL					
I WOULD LIKE	TO JOIN:							
ACT 1		AMBASSADOR 🗆 £600 annua			☐ £600 annuall	y or	☐ £50 monthly	
ACT 2 🛮 £60 an	nnually or \square £5 monthly	ADVOCATE			\square £1,200 annually or \square £100 monthly			
ACT 3 ☐ £300 a	annually or 🔲 £25 monthly	BEN	EFACTO	OR	\square £2,400 annually or \square £200 month		☐ £200 monthly	
 I WOULD LIKE TO PAY BY: □ Direct Debit (please complete form on the reverse side) □ Cheque payable to York Citizens' Theatre Trust Ltd (send with this form to the address below) □ Visa / Mastercard / Delta / Maestro (Switch) (please complete the section below) Please note we do not accept American Express 								
NAME ON CARD SWITCH / MAESTI	RO ISSUE NO		EXPIR'	ν	TE		RENCE CE USE ONLY)	
SWITCH / WALSH								
CARD NO						SECU	JRITY CODE	
cost to you. Prices of m	jh Gift Aid nade up of			SIGNED				
the benefit and donatic benefit is given freely a Gift Aid. To discuss pur on 01904 715460.	iven above th qualifies for		DATE					

To join, please fill in this application form (including the back for Direct Debit payments) and return to:



Development Team, York Theatre Royal, St Leonard's Place, York YO1 7HD

Alternatively please contact us at membership@yorktheatreroyal.co.uk or call Box Office on 01904 623568.



INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

NAME AND FULL ADDRESS OF YOUR BANK OR BUILDING SOCIETY					
TO THE MANAGER	BANK/BUILDING SOCIETY				
ADDRESS	POSTCODE				
YOUR ACCOUNT DETAILS					
NAME(S) OF ACCOUNT HOLDER(S)	ORIGINATOR'S IDENTIFICATION NUMBER 245306 REFERENCE (OFFICE USE ONLY)				
BANK / BUILDING SOCIETY ACCOUNT NUMBER BRANCH SORT CODE Banks and building societies may not accept Direct Debits	Please pay York Citizens' Theatre Trust Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with York Citizens' Theatre Trust and, if so, details will be passed electronically to my bank / building society.				
instructions for some types of account.	SIGNED				
Please fill in this side of the form if you wish to pay by Direct Debit and return to: Development Team, York Theatre Royal, St Leonard's Place, York YO1 7HD	DATE				

This guarantee should be detached and retained by the payer.

DIRECT DEBIT GUARANTEE

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

1. If there are any changes to the amount, date or frequency of your Direct Debit York Citizens' Theatre Trust will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request York Citizens' Theatre Trust to collect a payment, confirmation of the amount and date will be given to you at the time of the request. 2. If an error is made in the payment of your Direct Debit by York Citizens' Theatre Trust or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when York Citizens' Theatre Trust asks you to. 3. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify York Citizens' Theatre Trust.