



UK Independence Party

MEMBERSHIP APPLICATION/RENEWAL FORM 2017

Please enter/update your personal details in BLOCK CAPITAL			Mem. No.
Title	Forename	Surname	
Honours			
Address			
Town / City	County	Postcode (Very important)	
Phone Daytime	Evening	Mobile	
E-mail	Date of birth	Fax	
If you can give any active help to UKIP, we would be grateful to know about it. <i>Please tick</i> ✓			
Deliver leaflets <input type="checkbox"/> Display a sign at election <input type="checkbox"/> Canvass <input type="checkbox"/> Assist local branch <input type="checkbox"/> Stand at elections <input type="checkbox"/>			

I want to join/renew my membership of the UK Independence Party. <i>Please tick</i> ✓	
1-year membership £30 <input type="checkbox"/> 2-year membership £40 <input type="checkbox"/>	<i>Please enter amount</i> £ _____
Patron's Club £1000* <input type="checkbox"/> *see www.ukip.org for more information	
Would you like to add a donation, to help fund our campaigns? All donations, large or small, are <i>greatly</i> appreciated.	
I'd like to make a donation to the UK Independence Party of £ _____	
I enclose a cheque payable to UKIP <input type="checkbox"/> or TOTAL £ _____	
Please charge my credit/debit card <input type="checkbox"/>	
Card number _____ [Visa, MasterCard, Switch or Delta]	
Start date ___/___ Expiry date ___/___ Security code _____ (Last 3 digits) Issue no. _____ (Switch only)	
Name as on card _____ Signature _____	
Standing Order Instruction For the account of: UK Independence Party Ltd, Royal Bank of Scotland, Fleet Street Branch, 1 Fleet Street, London EC4Y 1BD. Sort Code: 16-00-11 Account No: 17205076	
To: The Manager _____ Bank	
Address: _____	
_____ Postcode: _____ Sort Code: _____	
Account No: _____ Account Name: _____	
Please pay the sum of £ _____ now and on the ___ day of _____ (month) annually	
Signed: _____ Date: _____	
Print name: _____	
Postcode: _____ Payment Reference: (for bank use) _____	

I agree to abide by the UKIP Constitution and the Terms and Conditions of Membership (available to view at www.ukip.org). UKIP reserves the right to reject applications or terminate memberships if these criteria are not met.	
Signature: _____	Date: _____

Return to:

James Carver (Treasurer)
 UKIP South Suffolk Branch
 Mill House, Nayland, Suffolk
 CO6 4HU