The Gallipoli Association

Membership Application

See www.gallipoli-association.org for annual fees

Please send your completed application form to:

The Membership Secretary
19 Old Exeter Road, Tavistock, Devon,
PL19 0JE, England
membershipsecretary@gallipoli-association.org

Membership:	**UK** ☐	**Non-UK** ☐	**Direct Debit** *Only via a UK bank account*	**PayPal**
Individual			☐	☐
Primary School			☐	☐
Secondary School			☐	☐
Regimental Association or Regimental Museum			☐	☐
Other Museum / Library / Association			☐	☐

Title:	First Name:	Last Name:
Address:		
		Post Code:
Telephone:		Mobile:
Email:		
Date:		Signature:

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By checking this box I confirm that I am a UK Income or Capital Gains taxpayer and I authorise The Gallipoli Association to reclaim tax on any donations I make to it. I understand that I must pay an amount of Income Tax and / or Capital Gains Tax in the tax year at least equal to the amount of tax that all the Charities and Community Amateur Sports Clubs I donate to will reclaim on my gifts for that tax year. I also understand that other taxes such as VAT and Council Tax do not qualify.

Gift Aid Date……

Details of interests in the campaign (family / military history etc):

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