

Membership Application Form

Please print out this form, complete in block capitals and send to the FAB Office

Title.....Surname.....

Forename(s).....

Practice name.....
(only applicable for Practice Membership)

Address.....

.....

.....

Postcode.....Tel:.....

e-mail address.....

Membership Category required.....

Membership Fee: £

Donation towards the work of FAB: £.....

TOTAL: £

HOW TO PAY

By Direct Debit: please complete the Direct Debit Mandate and return with your application
By Cheque: please make cheques payable to 'Feline Advisory Bureau' (or ESFM if **only** applying for ESFM membership)
By Debit/Credit Card: please complete the section below

we accept VISA/MASTERCARD/SWITCH/DELTA (delete as appropriate)

Card number:

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Expiry date:Issue number (Switch only).....

GIFT AID DECLARATION

Boost your contribution to FAB without it costing you a penny, by pledging Gift Aid. Gift Aid legislation allows us to reclaim basic rate tax on your gift of membership and any additional donations.

I wish the Feline Advisory Bureau to treat this subscription and any future subscriptions or donations, until I notify you otherwise, as a Gift Aid Donation.

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

Gift Aid Notes

- You must be a UK taxpayer and pay an amount of income tax or capital gains tax at least equal to the tax we reclaim on your subscription/donations
- If in the future your circumstances change and you no longer pay income tax and/or capital gains tax equal to the tax that the Feline Advisory Bureau reclaims, you should cancel your declaration.
- If you pay tax at a higher rate, you can claim further tax relief in your Self Assessment Tax Returns.
- You can cancel the declaration at any time by notifying the Feline Advisory Bureau.
- Please notify FAB if you change your name or address while the declaration is still in force.
- If you are unsure whether your donations qualify for Gift Aid tax relief, ask your local tax office for leaflet IR113 Gift Aid or contact the Inland Revenue's on their helpline, 0151 472 6056/6038/6055

ABOUT YOU...

Please tick if you are one or more of the following:

- | | | | |
|------------------------|--------------------------|------------------|--------------------------|
| Veterinary surgeon | <input type="checkbox"/> | Veterinary nurse | <input type="checkbox"/> |
| Cat breeder | <input type="checkbox"/> | Cattery owner | <input type="checkbox"/> |
| Involved in cat rescue | <input type="checkbox"/> | Pet cat owner | <input type="checkbox"/> |

RETURN TO:

Feline Advisory Bureau
Taeselbury
High Street
Tisbury
Wiltshire
SP3 6LD
UK