

MEMBERSHIP APPLICATION/RENEWAL FORM

Please enter/update your personal details in BLOCK CAPITALS <i>*denotes mandatory fields</i>		Membership No. (If previously/existing member of the Party)	
Title*	First Name*	Surname*	Honours
Address*			
Town / City*		County*	Postcode*
Daytime Phone*		Evening Phone	Mobile
Date of Birth		Email	
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"/> Assist local branch <input type="checkbox"/> Stand at elections <input type="checkbox"/>			

I want to JOIN/RENEW membership of the UK Independence Party. Please delete as applicable


Our standard annual subscription is £30; if you can't afford this, please give what you can (minimum £15).

Recommended annual subscription	£30 <input type="checkbox"/>	Serving armed forces members annual subscription	£5 <input type="checkbox"/>
OR		Under 22 Subscription <small>(These subscriptions will receive all communications electronically)</small>	£2 <input type="checkbox"/>
Monthly subscription <small>(direct debit)</small>	£2.50 <input type="checkbox"/>	Voluntary donation added to annual subscription:	£ _____
5 year discounted subscription	£125 <input type="checkbox"/>	Patrons' Club annual subscription	£1000 <input type="checkbox"/> Monthly £84 <input type="checkbox"/> <small>(direct debit)</small>

Total Amount Payable: £

Preferred method of payment

Instruction to your bank or building society to pay by Direct Debit



Service user number

8	4	0	9	7	0
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Name(s) of account holder(s)

Branch sort code

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Bank/building society account number

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Signature(s)

Date

Instruction to your bank or building society

Please pay UKIP 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 UKIP and, if so, details will be passed electronically to my bank/building society.

Banks and building societies may not accept Direct Debit Instructions for some types of account.

Cheque/Credit Card Payment

I enclose a cheque payable to UKIP Please charge my credit/debit card Delete as applicable

Card number _____

Start date ____/____/____ Expiry date ____/____/____ Security code _____ (Last 3 digits) Issue no. _____ (Switch only)

Name as on account/card: _____ Card Type [_____] [Visa, MasterCard, debit/credit] Signature: _____

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: _____