



UK Independence Party

MEMBERSHIP APPLICATION/RENEWAL FORM

Please enter/update your personal details in BLOCK CAPITALS		Membership No.	
*denotes mandatory fields			
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. Please tick ✓			
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"/>

<input type="checkbox"/> Annual Subscription £30
<input type="checkbox"/> Annual Subscription Under 25 £20
<input type="checkbox"/> Member/Veteran of Armed Services £10
<input type="checkbox"/> Voluntary donation added to annual subscription: £ _____

Instruction to your bank or building society to pay by Direct Debit									
Name(s) of account holder(s) <input style="width: 95%;" type="text"/>	Service user number <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">8</td> <td style="width: 12.5%;">4</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">9</td> <td style="width: 12.5%;">7</td> <td style="width: 12.5%;">0</td> </tr> </table>	8	4	0	9	7	0		
8	4	0	9	7	0				
Branch sort code <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							Instruction to your bank or building society		
Bank/building society account number <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									Please pay UKIP Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.
Signature(s) <input style="width: 95%; height: 25px;" type="text"/>	I understand that this Instruction may remain with UKIP and, if so, details will be passed electronically to my bank/building society.								
Date <input style="width: 95%; height: 25px;" type="text"/>	Banks and building societies may not accept Direct Debit Instructions for some types of account.								

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.)

Please give us your consent to retain your details and keep you updated with the following:

<input type="checkbox"/> Conferences/Events	<input type="checkbox"/> Fundraising/Appeals	<input type="checkbox"/> Newsletters/Magazines	<input type="checkbox"/> Party Updates/Policies
I consent to be contacted by <input type="checkbox"/> Letter		<input type="checkbox"/> Email	<input type="checkbox"/> Telephone

Signature Date

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:** _____