



# UK Independence Party

## MEMBERSHIP APPLICATION / RENEWAL FORM

Rev: June 2018

<b>Please enter/update your personal details in BLOCK CAPITALS</b> <b>*denotes mandatory fields</b>		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. Please tick ✓**

Deliver leaflets       Display a sign at election       Assist local branch       Stand at elections

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

**Standard Subscription (annual) £30**

**Under 22's / Forces Veteran (annual) £20**

**Voluntary donation added to annual subscription: £ \_\_\_\_\_**

**Total Amount Payable: £ \_\_\_\_\_**

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

Name(s) of account holder(s)

Service user number 

8	4	0	9	7	0
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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.

**I agree to abide by the UKIP Constitution and the Terms and Conditions of Membership (available to view at [www.ukip.org](http://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:**

Conferences/Events       Fundraising/Appeals       Newsletters/Magazines       Party Updates/Policies

**I consent to be contacted by**     Letter       Email       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:** \_\_\_\_\_