

Please complete all applicable details and return this Form to: River Spey Anglers' Association (RSAA), PO Box 6717, Fochabers, IV30 1WZ Title: Ms Miss Mrs Mr First Name: Surname: Address: *Town/City:* Postcode: *Tel*: Email: Membership Choice Please select your chosen Membership Type One Year One Year Joint Membership £,18.00 Payment Details Membership Fees (from above) £,..... £,.... Donation * Total Due £,.... * I would like the RSAA to treat all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations. Please tick gift aid box only if you currently pay income tax or capital gains tax equal to or more than the tax the RSAA can reclaim (currently 25p for each £1.00. **GIFT AID** Confirmation I enclose the above sum to be credited to the RSAA Account. (All monies received will be acknowledged). Signed: Date: Data Protection: The information you provide will be held for processing yourmembership and for mailing with information about RSAA. Your details will only be used by the RSAA and will not be made available to any other organisation.

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