



UK Independence Party

MEMBERSHIP APPLICATION / RENEWAL FORM

Please enter/update your personal details in BLOCK CAPITALS *denotes mandatory fields		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 <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

- Annual Subscription £30
- Forces Veteran £20 Young Person £15
- Monthly Direct Debit £4.00
(Complete instruction below)
- Voluntary donation added to annual subscription: £ _____

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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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.

Bank/building society account number

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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.

Signature(s)

Date

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:

- 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: _____