



# 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. <b>Please tick</b> ✓			
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
- 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.

Signature(s)  
\_\_\_\_\_  
Date  
\_\_\_\_\_

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: \_\_\_\_\_