



Cymdeithas Efengylaidd yn yr Eglwys yng Nghymru
Evangelical Fellowship in the Church in Wales

Membership Application Form

Membership is open to anyone in sympathy with EFCW's Basis of Faith.

This is available at www.efcw.org.uk or on request from the address below.

If you are able to support EFCW financially, please also fill out the Banker's Order or send a cheque and return it with this form.

If you are a tax-payer, please also complete and return the Gift Aid Declaration. There is no fixed price for membership, but we would like to suggest donations from £10 per year. (EFCW uses its funds to: support ministry conferences, give book grants to ordinands, subsidise Christian camps for young people, making sure that an evangelical voice is heard within the Church in Wales, and that the Anglican voice is heard among evangelicals in Wales).

Your details given below will be used only by the EFCW Executive Committee, and only for the purposes of EFCW.

I/we wish to join EFCW, and am/are in sympathy with the Basis of Faith.

Title		Name	
Title		Name	

Address			
Post Code		Diocese	

Telephone			

Email	
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If you are in authorised ministry, please tell us what that ministry is:

Signed _____ Signed _____

Please send this form (along with any Banker's Order or cheque) to:
Rachel Maynard, 95 Waterloo Rd, Hakin, Milford Haven SA73 3PE
joshandrachelmaynard@gmail.com



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Gift Aid Declaration

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to:

the Evangelical Fellowship in the Church in Wales.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

My Details

Title _____ First name or initial(s) _____

Surname _____

Full Home address _____

Postcode _____ Date _____

Please notify the us if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.



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Banker's Order

To the Manager of _____ Bank,

Bank Address: _____

Post Code: _____

please pay to the account of:

the Evangelical Fellowship in the Church in Wales (EFCW)

at CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, ME19 4JQ

Account No.: 00017700 Sort Code: 40-52-40

the sum of £ _____ (_____)
(figures) (words)

every year starting on the ____ of _____, 20____
(day) (month) (year)

and continue payments annually until cancelled by me/us in writing,
and debit my account with each payment when made.

This Order replaces any previously made to the Evangelical Fellowship in
the Church in Wales.

Account Name _____

Account Number _____ Sort Code (____ - ____ - ____)

Signed _____ Date ____/____/____

Your Address _____

Post Code _____