## Here's how to join

		CHATSWORTH STAY	_
Have you b	een a member before? Yes No		
If you are a	current friend please tell us:	Instruction to your bank or	
Your memb	pership number	building society to pay by Di	rect Debit
Your renev	val date	Please fill in the form and send to:	
		Friends of Chatsworth, Chatsworth House Trust, Chatsworth, Bakewell, Derbyshire, DE45 IPP	
Main card	holder	Name and full postal address of	9 9 5 5
Title	Mr   Mrs   Miss   Ms   Other (please circle)	your bank or building society 2	
First name		To: The Manager	Bank/Bulld
Surname		Address	
Second ca	rdholder (if applicable)	Pe	stcode
Title	Mr   Mrs   Miss   Ms   Other (please circle)	Name(s) of account holder(s)	
First name		rame(s) of account notice (s)	
Surname		Branch sort code	
Address o	f main cardholder	Bank/building society account number	
			7
		Reference	_
Postcode		Instruction to your bank or building society	
		Please pay Chatsworth House Trust Direct Debits from the account of the saleguards assured by the Direct Debit Guarantee. I understand the	hat this instruction may rem
Email of m	ain cardholder (for event ticket issue and our monthly newsletter)	Chatsworth House Trust and, if so, details will be passed electronically Signature(t)	y to my bank/building societ
Mobile no.			
Other no.		Date	
Have you b	been referred by a current Friend of Chatsworth?	Banks and building societies may not accept Direct Debit Instructions	for some types of account.
Name	been referred by a current mend of chatsworth.	This guarantee should be detached and retain	ed by the payer.
Membersn	ip number or postcode	The	DIRE
Signed (Ple	ease note that your card can only be used by the person named	Direct Debit	Deb
on the card		Guarantee	
		This Guarantee is offered by all banks and building societies to Direct Debits	that accept instructions t
		If there are any changes to the amount, date or frequency of House Trust will notify you 10 working days in advance of you	

Friends of Chatsworth, Chatsworth, Bakewell, Derbyshire, DE45 IPP friends@chatsworth.org

I have read and I accept the important information





## **Debit**

your bar	ik or buil	ding so	ciety				7	9	5	5	3
To: The Mana	ila.								Ban	k/Building	codet
Address											_
											_
						Per	tcode				
Name(s)	of account l	nolder(s)									
Branch so	rt code	_	,	,	,						
Bank/buile	ding society	account	number	-	_						
Reference			-	-	-	-	_				
											Τ
instructio	n to your b	ank or bu	ilding so	ciety Debits fo	om the a	rount d	etailed	in this	Instruct	ton sub	ect to
the safeguar	rds assured b House Trus	y the Dire	ct Debit	Guarante	e. I under	rstand th	at this	Instruc	tion ma	y remai	n with
Signaturo(t)											
Date											



- ot instructions to pay
- If there are any changes to the amount, date or frequency of your Direct Debit Chatsworth House Trust will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Chatsworth House Trust to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Chatsworth House Trust or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
- $\!-\!$  If you receive a refund you are not entitled to, you must pay it back when Chatsworth House Trust asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

## Please select the type of membership you would like to purchase:

	Annual Dir Debit Price	nnual Direct Annual Non Debit Price		
Single Adult	£135	~	£155	~
Joint Adult	£215	~	£235	~
Single adult family (I adult and your children/ grandchildren*)	£210	~	£230	~
Joint adult family (2 adults and your children/ grandchildren*)	£295	~	£315	~

<sup>\*</sup>Age 3–16 inclusive

-				-			
Pay	vm	en	t	d	e	tai	IS

Card number	
Expiry date	Security code  Last 3 digits on signature panel
Signature	Last 3 digits on signature parier
oignacure -	

Prices in this leaflet are valid for membership beginning, or renewing, before end of December 2022.

Please complete direct debit mandate overleaf.

## For office use only:

VEA		
Name	-	
Date	ş-	
Till		