# ESPA YOUTH (YESPA) MEMBERSHIP APPLICATION

I would like to apply for membership of ESPA (Charity No. 1122724) Youth section called **YESPA** for the 2021season (ending 31st Dec 2021). I agree to abide by the rules of ESPA, to the charity keeping the data shown below for administrative purposes and that photographs and film footage of my activities may be used for ESPA and YESPA publicity purposes.

I am aware that basic membership costs £10 for the year, or £15 for those 18+ who have left secondary education and intend to perform with ESPA adults as well. This provides me with Public Liability Insurance cover, regular mailings from ESPA about up and coming performing opportunities and invitations to all ESPA & YESPA auditions, workshops and social events.  
**……………………………………………………………………………………………………………………………………………………**

**Member’s First Name :………………………………………….Surname: ………………………………………………………**

**Address: ……………………………………………………………………………………………………………….**

**Post code: ……………………………….**

**Home Telephone No: ……………………………………………School/College:…..……………………………………….**

**Member’s Mobile (if 16+):…………………………………………Email:…………………………………………………………**

**D.O.B: ………………………………………………… Age (5/8/2021) ……………………………………………………...**

**IF MEMBER IS UNDER 18 YEARS:**

**Parent / Guardian’s Name(s): ……………………………………………………………………………………………………............................................**

**Parent Guardian’s Email**: …………………………………………………………………………………………………………..

**Parent / Guardian’s Mobile: …………………………………………………………………………………………………………………………………………………**

**Payment for Basic Membership** - £10 or £15 *(if 18 yrs+)* (Cheques payable to ***ESPA***)

**Send to:** **YESPA, 23 Woodfield Close, Redhill RH1 2DL**

**BACS PAYMENTS TO: ESPA; SORT CODE: 40-52-40; ACCOUNT NUMBER: 00025260**

**Gift Aid (see form** **attached)**. If you are able to, please complete a Gift Aid declaration form so thatESPA can claim Gift Aid on for your child’s subscriptions to the charity. This applies either to a tax paying member OR a tax paying parent/guardian paying for a non-tax paying member.

**SIGNED……………………….…………..……………………………. DATE…………………………………………………..  
(Youth Member or Parent / Guardian if member is under 18 yrs old)**

**Gift Aid Declaration for**

**East Surrey Performing Arts**

(“ESPA”) Registered Charity No. 1122724

**Details of Donor:**

Title: ……………..

Forename: ……………………………………….

Surname: ……………………………………….

Home Address: ………………………………………………………………………

…………………………………………………. Post Code: …………………………...

**Date of Declaration:** ……………………………

I want ESPA to treat (*please select one option below)*:

* the enclosed donation / subscription of £ ………. As a Gift Aid donation.
* all donations / subscriptions that I make from the date of this Declaration until I notify you otherwise, as Gift Aid donations.
* all donations / subscriptions I have made for this tax year and the year prior to the year of the Declaration, and all donations I make from the date of the Declaration until I notify you otherwise, as Gift Aid donations.
* *Please choose one and delete others as appropriate*

**Signed** ……………………………………………………..

**You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year (currently 25p for each £1 you give).**