



Membership application form

Please complete all sections of this form.

I wish to apply for membership of the Actors' Benevolent Fund and, if elected, agree to comply with such rules and bye-laws of the Actors' Benevolent Fund as may from time to time be in force. I understand that there is a minimum £20 annual membership fee.

1. Personal Details

Name

Address

Telephone number

Email address

Are you a member of Equity?

If yes, please provide your membership number.

Membership of the Actors' Benevolent Fund is not dependent on an applicant's existing Equity membership; this information is useful for us to process your application.

2. Endorsement

New applications must be endorsed by two existing members of the Actors' Benevolent Fund

One as the 'proposer' and another as the 'seconded'. Please provide details of the members endorsing your application:

Proposer name

Seconded name

If you do not know any members of the Fund please leave this section blank and we will contact you about your application.

3. Annual Membership Fee

If your application for membership is successful, a minimum payment of £20 will be due at the start of each year of your membership.

You can send us a cheque, payable to the Actors' Benevolent Fund, along with this application, make payment by credit/debit card, or set up a standing order with your bank:

Card number

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Valid from

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Expires

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Name on card

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CVV code

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the CVV code is the last three digits on the card's signature strip

Amount to pay

£

Standing Order/Direct Debit:

If you would like to set up a standing order or direct debit with your bank to pay your annual membership fee please contact us and we can provide you with the relevant details.

4. Gift Aid

The Actors' Benevolent Fund is a registered charity and can reclaim 25% of your annual membership fee from HMRC if you are a UK taxpayer, through the Gift Aid scheme.

Please enter your details below if you would like us to claim Gift Aid on this, and any future membership fees you pay to us.

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- I declare that all membership fees made to the Actors' Benevolent Fund by me, now and in the future, shall be treated as donations. I want to Gift Aid my donations to the Actors' Benevolent Fund.
- I am a UK taxpayer and understand that if I pay less income tax and/or capital gains tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Signed Declaration

- I declare that the information provided in this application form is true and correct.
- I understand that The Actors' Benevolent Fund will hold my personal data and information about me in writing, or on a computer, in relation to my application for membership. I give my consent for the Actors' Benevolent Fund to process this information for the purposes of assessing my application for membership.

Date _____ Name _____ Signature _____

You need to send this application form by email, to office@abf.org.uk or by post to:

Actors' Benevolent Fund
6 Adam Street
London WC2N 6AD

We will contact you to confirm receipt of your application and explain what happens next. If you have any enquiries please call us on 020 7836 6378.