

THE TALYLLYN RAILWAY PRESERVATION SOCIETY

MEMBERSHIP APPLICATION FORM 2024

Payment for applications may be made by **cheque** payable to “TRPS”,
Or by **credit/debit card** by giving details below:

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Security Code

Card Expiry Date Signed

In either case please complete this renewal form and send it with your remittance to the Membership Team at the following address:

Membership (TRPS)
PO Box 8688
BURTON-ON-TRENT
DE14 9QF

Alternatively you can join online at <https://membership.talyllyn.co.uk/>

Annual Membership rates are as follows:	
Ordinary Member (over 21)	£33
Senior Member (over 65)	£30
Junior Member (over 16 but under 21)	£17
Junior Friends Member (under 16) ⁺	£17
Associate Member (only the spouse, partner or primary carer of Ordinary, Senior, Life, or Senior Life)*	£20
Associate Junior Member (child over 16 but under 21, of Ordinary, Senior, Life, or Senior Life)*	£6
Associate Junior Friends Member (child under 16, of Ordinary, Senior, Life, or Senior Life)* ⁺	£6
Life Memberships are available, please contact the Membership secretaries for details	
<i>The membership year runs from 1st February 2024 to 31st January 2025</i>	
From Oct 1st 2023 Dogs cannot be Members (but travel free with Members) *Associate members do not receive an individual copy of the Talyllyn News +Younger members receive their own special newsletter	

APPLICATION FORM

Title Ms, Mrs Miss Mr etc	Forename(s)	Surname (Capitals Please)	Date of Birth	Amount (see over)	Memb Sec.Use ONLY

Donation (See note below) £

Please use separate sheet
if more than 6 members

TOTAL AMOUNT £

NOTE: Donations by Taxpayers to Talyllyn Holdings Ltd. under Gift Aid enable THL to recover Tax. If you want your **donation** to be transferred to THL please confirm the following by signing below.
“I wish to Gift Aid my donation as shown above and any donations I make in the future or have made in the past 4 years to Talyllyn Holdings Limited. 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.”

The **person making the donation** should sign and print their name below.

Donor Signature.....
Name (Print)

Address : (CLEARLY IN BLOCK CAPITALS PLEASE)
.....
.....

County.....
Postal Code *Email.....
*Telephone(s)

*Please include at least one other means of contact in addition to postal address