



Scottish Carriage Driving Association Ltd

MEMBERSHIP APPLICATION FORM 2024

Memberships run from 1st January to 31st December

Office use

NAME: _____

NAME: _____ (2nd member at same address)

ADDRESS: _____

Post Code: _____

Tel: _____ Mob: _____ E-mail: _____

MEMBERSHIP CATEGORY (please refer to SCDA website for all details of member category benefits)	Annual Subscription	Please tick below as appropriate	
		1 st member	2 nd member
Full Member (Driver) – renewal	£45		
Full Member (Driver) – new member discount	£30		
Full Member (Driver) – BC member discount (please enter your BC membership number)	£30		
Young Member (Driver) 6-25 years	£30		
Young Member (Driver) – new member discount	£20		
Young Member (Driver) – BC member discount (please enter your BC membership number)	£20		
Supporter	£10		

Optional Donation to SCDA (in addition to membership fee): _____

To Gift Aid your donation, tick the box to indicate you are a UK taxpayer and that you understand that if you pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed (25% of your donation) then it is your responsibility to pay any difference.

Declaration: I/we agree to abide by the rules and constitution of the SCDA and consent to my/our information being used as described in the SCDA Privacy Policy published at www.scda.co.uk/reference :

1st MEMBER SIGNED: _____ DATE: _____

2nd MEMBER SIGNED: _____ DATE: _____

Young Member’s DOB (if under 18): _____

Signature of Parent/Guardian: _____ DATE: _____

Please pay fees and any optional donation to this account (tick box to confirm) <input type="checkbox"/>	Or: Send cheque payable to “SCDA Limited” with this form to: SCDA Secretary, 21 Alice Hamilton Way, West Linton EH46 7JN
SCDA Limited	
Sort Code 83-23-44, Account 00277322	
Quote reference “your surname” + “MBR”	