Annual Subscription Claim Form *for new units*

This is for units which open mid-year and require financial assistance to pay their

annual subscription. A unit opened in the autumn term would receive two thirds of the total unit fee, a unit opened in the summer term would receive one third.

The amount paid will be based on the numbers on GO at 22nd February.

NB: This is only applicable where the majority of the girls are new to guiding or from a deprived area.

*Please submit your claim within 6 months if claiming after payment.*

|  |  |
| --- | --- |
| **Unit** |  |
| **Level no.** |  |
| **District** |  |

|  |  |
| --- | --- |
| **Date of first meeting** |  |

Please complete if applying before paying the Annual Subscription:

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of girls** |  | **Number of adult members**  (Where it is their main role) |  |

Please complete if applying after paying the Annual Subscription:

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount paid** | **£** | **Year** | **20 \_ \_** |
| **Amount of grant** | | **£** | |

Payment will be made by bacs transfer.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sort code** |  |  |  |  |  |  | **Account no.** |  |  |  |  |  |  |  |  |
| **Account name** |  | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **Remittance email** |  |
| **Contact name** |  |

**Please email to:** county.treasurer@girlguidingessexsoutheast.org.uk