

MEMBERSHIP APPLICATION FORM 2010/11

TITLE SURNAME _____

FORENAME(S) _____

ADDRESS _____

POST CODE _____

DATE OF BIRTH _____

EMAIL _____

CONTACT NUMBER HOME _____

MOBILE _____

I AM APPLYING FOR: (PLEASE INSERT AMOUNT IN APPROPRIATE BOX)

ADULT MEMBERSHIP	1 Payment of £100	<input type="text"/>
	12 Monthly payments of £10	<input type="text"/>
	12 Monthly payments of _____	<input type="text"/>

PLEASE FORWARD THIS SECTION TO YOUR BANK/BUILDING SOCIETY

Please pay by banker's standing order, cancelling any previous instructions regarding this payee:

Pay To - (Bank):

Sort Code: Account Number:

Account Name:

Amount (Figures) Amount (Words)

Date of First Payment:

Payment due day or date: Frequency:

Until further notice debit my account accordingly:

Name of my account: Sort code:

Account number: Ref. No.

I hereby authorise you to set-up this standing order payment on my account:

Signed _____ Date _____

Name: (Block Capitals) _____

BANK ADDRESS _____

Post Code _____

