

MEMBERSHIP FORM AND OPTIONAL STANDING ORDER MANDATE

Name:		
Address:		
Post Code:		
Telephone:	E-mail address**:	
TYPE OF MEMBERSHIP	(PLEASE TICK): Family £5.00 (min) Single £2.50	(min) Senior Citizen(s) £1.00 (min)
Your personal details will be used <u>only</u> for LAA membership information and will not be disclosed to third parties. **Please help us keep costs down by providing a current e-mail address if you have one.		
Now please complet on a date you choos		ship) or <u>Part 2</u> (to pay automatically each year
PART 1 Membership subscri	iption for 2016	
Please accept my annual membership fee/donation of £ (payable by cash or cheque)		
PART 2 STANDING ORDER		
To the Manager		
Your bank or building so	ociety name:	
Your bank address:		
number 91204734, sort	code 40-31-06, the sum of £ commenci	or the credit of Loose Amenities Association, account ng on the first day of (or the nearest y of January until further notice and debit my account
Your account name		
Your account number		
Your bank sort code	-	
Signature		
Date:		
Please complete and ret	urn to:	

Membership Secretary Loose Amenities Association Bridge Manor Salts Lane Loose ME15 0BD