

APPLICATION FOR MEMBERSHIP OF THE CHIPPENHAM TWINNING ASSOCIATION

I am/we are applying for the following memberships(s). Please indicate category/ies required:

- Family - £36 a year
- Individual - £18 a year
- Senior (over 60yrs) - £15 a year
- Junior (under 18 and not covered by family membership) -£15 a year
- Corporate - £36 a year

Title: Mr/Mrs/Miss/Other (please specify) _____ Surname: _____

First name(s) _____

For Family Membership please list above, all names of those to be included in the membership and indicate if they are adult (over18) or children (under 18).

Address: _____

Contact Tel. No(s): _____ Email: _____

All Twinning Association Membership subscriptions are due in January of each year and must be paid by no later than 28th February, after which, Membership will be considered to have lapsed.

Subscriptions for new members joining on or after 1st September run to the end of the following year.

Please complete the following (delete as appropriate):

I/We enclose a cheque for £_____ to cover the annual subscription

I/We have completed the Standing Order below for the annual subscription of £_____

Standing Order Request

To _____ (Name of Bank) _____ (Address)

From _____ (Name) _____ (Address)

Account Name: _____ Account No.: _____ Bank Sort Code: _____

Please pay Chippenham Twinning Association the sum of £_____ (_____ pounds) from 2nd January 20____ and annually thereafter on the first working day of January until further notice.

Details of the account to be credited are:

Account Name: Chippenham Twinning Association Management Committee

Account No: 00260428 Bank Sort Code 20-84-58

Bank Address: Barclays Bank plc, 66 Market Place, Chippenham SN15 3JA

Signed _____ Date _____

Please send this form to Elizabeth Kennedy, Stonehayes, Allington, Chippenham. SN14 6LJ

07527 411346 elizabeth@stonehayes.com