

PLEASE COMPLETE BOTH PARTS OF THIS FORM AND RETURN TO THE CLUB ADMINISTRATOR – GEORGINA BAILEY, THE OLD VICARAGE, NORTH RODE, CW12 2PE

ST MICHAEL'S CHURCH, NORTH RODE 100 CLUB APPLICATION FORM

I wish to apply for ___ units in the above Club. I have read the rules and agree to abide by them.

I wish to pay by monthly standing order

I require the units to be registered in the following names:

.....
.....
.....
.....

Address

.....
.....

Postcode.....

Signed **Date**.....

Email

STANDING ORDER FORM ST MICHAEL'S CHURCH, NORTH RODE 100 CLUB

To **Bank PLC Sort Code** ____ ____ ____

Address

.....
.....

..... **Postcode**.....

Please debit my account: Name.....

Account No.....

with £ **per month starting on 4th** _____ **and monthly thereafter until further notice in writing from me, transferring these funds to**

CAF Bank Sort Code 40-52-40

Account No. 00024041 quoting ref:(NAME)

Signed **Date**

** Please delete as appropriate*