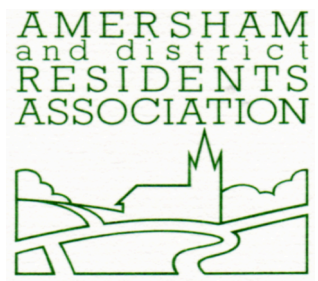


Membership Application Form



To become a member please :-

Complete the form below and send it to :-

Malcolm Flack, Membership Records Officer, A. D. R. A. 14, Highfield Close, Amersham, HP6 6HG,
who will then allocate you a membership number and forward the form to your Bank to pay the Subscription
commencing with an immediate payment of £5 then ANNUALLY
until you cancel the Standing Order

I / We consent to :- (a) the maintenance of my / our Membership record in electronic form;
(b) receive e-mail communications from the association. *[Please delete (b) if you do not have an e-mail address]*

Signed : **Print Initials & Surname:**

Date: **A.D.R.A. No.** *(Please leave Blank)*

FROM :
Title(s) **Initial(s)** **Forename(s)** **Surname**.....

Address..... **Post Code**

Address..... **Tel.No** *[Optional]*

E-mail.....

STANDING ORDER REQUEST

To The Manager, (Name of Bank)

Branch Address)

Please debit my account number **Sort Code:**

Quoting: SURNAME & Initials..... **A.D.R.A.**

the sum of £5 [Five Pounds] NOW and ANNUALLY thereafter ***Until Further Notice.***
and pay to the Account of **"Amersham & District Residents Association"**

Sort Code 20-02-06 Account Number 40109991

Signature **Date** / / 20

Account Name : ***[Please print]***