

Membership application form

For memberships with start date from 1 July 2018

Annual Subscription

Complete all boxes for each member in black ink

For office use only MN:

Exp:

PD:

Single membership £39 - Member 1

| | | | |
|-------|------------|---------|-----|
| Title | First Name | Surname | DOB |
|-------|------------|---------|-----|

Joint membership £76 - Member 2

| | | | |
|-------|------------|---------|-----|
| Title | First Name | Surname | DOB |
|-------|------------|---------|-----|

| | |
|---------------------|-----------|
| Full Postal Address | Town/City |
|---------------------|-----------|

| | | |
|----------|-----------|-------|
| Postcode | Telephone | Email |
|----------|-----------|-------|

As a Friend, we would like to keep you up to date about our latest news, events, fundraising projects and conservation work at Westonbirt Arboretum. We respect your privacy and will not disclose your details to third parties. Please tick how you would like to be contacted:

Please contact me by:

 Email Post Phone

This membership is a gift given by

| | | |
|-------|------------|---------|
| Title | First Name | Surname |
|-------|------------|---------|

| |
|---------------------|
| Full Postal Address |
|---------------------|

| | |
|-----------|----------|
| Town/City | Postcode |
|-----------|----------|

| | |
|-----------|-------|
| Telephone | Email |
|-----------|-------|

Mailing for gifted memberships

Send memberships directly to:

 The donor The member/s This is a Christmas gift

Renewal of this GIFTED membership will go directly to the donor

* Please include telephone number and/or email address for gifted membership

Payment Method

Please tick one box

- Cash
- Cheque
- Credit/Debit card
(for Welcome Building only)

Additional donation £

TOTAL PAID £

Internal use only

Authorisation Code

Cashier Initials

I apply for membership on behalf of the above and consent to the terms and guarantee detailed overleaf

| | |
|-------------------|------|
| Payer's signature | Date |
|-------------------|------|

Direct Debit - For continual annual subscription. Cards will be automatically renewed and a single payment will be claimed prior to the start of each subscription.

DIRECT DEBIT INSTRUCTION

| |
|------------------------------|
| Name(s) of account holder(s) |
|------------------------------|

| |
|---|
| To the Manager of bank/building society |
|---|

| |
|----------------|
| Address/Branch |
|----------------|

| | |
|----------|---------------------|
| Postcode | Service User Number |
|----------|---------------------|

836254

Instruction to your Bank or Building Society

Please pay FOWA Direct Debit from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with FOWA and if so, details will be passed electronically to my Bank/ Building Society.

Sort code

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Bank/Building Society account number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Reference Number (office use only)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Signature

Date

