FRIENDS OF PATRINGTON CHURCH APPLICATION FORM

ST MEMBER	SECOND MEMBER	
e	Title	
name	Surname	
st name	First name	
dress		
	TelephoneMobile	
Ve wish to apply for membership of SINGLE	Friends of Patrington Church at the following rate FAMILY	
Bronze £20	£40	PLEASE TICK APPROPRIATE BOX
Silver £50	£80	_
Gold £100	£120	
I enclose a cheque for £ mad OR I have completed the bank mandate fo	e payable to orm below.	
OR I have completed the bank mandate fo Signed		PLEASE TICK
OR I have completed the bank mandate fo Signed	orm below.	PLEASE TICK IF APPROPRIATE
OR I have completed the bank mandate for Signed GIFT AID: I am a taxpayer (paying inco	orm below.	
OR I have completed the bank mandate for Signed GIFT AID: I am a taxpayer (paying inco BANI To: Name & Address of your bank of	me tax or capital gains tax) K STANDING ORDER MANDATE or building society:	IF APPROPRIATE
OR I have completed the bank mandate for Signed GIFT AID: I am a taxpayer (paying inco BANI To: Name & Address of your bank of	me tax or capital gains tax)	IF APPROPRIATE
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OR I have completed the bank mandate for Signed GIFT AID: I am a taxpayer (paying inco BANI To: Name & Address of your bank of Account Number Please pay to the Friends of Patring (Bank HSBC Sort Code 40-47-06)	me tax or capital gains tax) K STANDING ORDER MANDATE or building society:	IF APPROPRIATE
OR I have completed the bank mandate for Signed GIFT AID: I am a taxpayer (paying inco BANI To: Name & Address of your bank of Account Number Please pay to the Friends of Patring (Bank HSBC Sort Code 40-47-06)	me tax or capital gains tax)	IF APPROPRIATE
OR I have completed the bank mandate for Signed GIFT AID: I am a taxpayer (paying inco BANI To: Name & Address of your bank of Account Number Please pay to the Friends of Patring (Bank HSBC Sort Code 40-47-06 The sum of £ on (dat Signed	me tax or capital gains tax)	IF APPROPRIATE

Please forward a copy to Friends of Patrington Church <u>malcolm.watkinson@btinternet.com</u>