

2 Alliston Way, Whitchurch RG28 7LF or jamariner47@gmail.com

APPLICATION FOR "ALL HALLOWS 100 CLUB" MEMBERSH	Version 1. 03/2020
PLEASE COMPLETE ALL BELOW IN BLOCK CAPITALS	
Name:	Mr/Mrs/Other
A.1	Telephone:
Address:	
	Post Code:
Email address:	
I wish to apply for membership of the All Hallows 100 Club. Each number costs £5 per month I wish to purchase 1 / 2 / numbers in the monthly draw.	
My preferred payment method is:	
	Monthly /Annually (Delete as appropriate).
Signed:	Date:
100 Cl	e give at least one month's notice in writing of cancellation of ub membership to the 100 Club organiser at the address above.)
STANDING ORDER MANDATE	
To: The ManagerBank	
Address:	
	Post Code:
Please pay: All Hallows Heritage Fund (Sort Code 40-22 current account (Account no. 34073169)	2-26) for the credit of "All Hallows Heritage Fund"
the sum of £ (amount in figures), / immediately and thereafter <i>monthly/annually</i> * until furth	Pounds (amount in words), commencing er notice *Delete as appropriate.
Please debit my/our account accordingly. Account Name:	
Sort Code: Account Number:	
Signature(s):	
NB by signing this form, you are giving permission to use the information entered on it. This information will be used solely for the purposes of the All Hallows 100 Club.	