



FRIENDS OF THE DOBERMANN WELFARE ASSOCIATION LIMITED

ASSOCIATE MEMBERSHIP APPLICATION FORM (PLEASE PRINT OR WRITE CLEARLY)

Please complete and forward to Sue Garner, 28 Abingdon Close, Hillingdon, Uxbridge, Middlesex, UB10 0BU, Tel.01895 253578, enclosing your cheque (made payable to The Dobermann Welfare Association Limited). If you wish to pay by Standing Order, please complete the bottom Standing Order Mandate section **as well, and return the whole form.**

I/We, Mr/Mrs/Miss/Ms

Address:

Postcode: _____ Telephone No: _____

apply to become an Associate Member of Friends of the Dobermann Welfare Association Ltd from 1st April 20 to 31st March 20

I/We enclose a subscription of £ _____ **(Membership Subscription fees are, £15 annual, £7 Senior Citizens, and £240 Life Membership)**

Signature(s) _____ Date: _____

FRIENDS OF THE DOBERMANN WELFARE ASSOCIATION LIMITED STANDING ORDER MANDATE

If you wish to pay by Standing Order, please complete this section of the form **as well** and return the entire sheet to Sue Garner at the address above.

TO: _____ Bank plc
(Name of your Bank)

ADDRESS:

Please pay	BANK	BRANCH ADDRESS	SORT CODE
	LLOYDS TSB BANK PLC	82-84 High Street, Ruislip, Middlesex. HA4 7AB	30 – 97 – 19
For the credit of	BENEFICIARY'S NAME		ACCOUNT NUMBER
	THE DOBERMANN WELFARE ASSOCIATION LTD		1253955
With the sum of	AMOUNT IN FIGURES	AMOUNT IN WORDS	
	£		
Please debit my/our account accordingly	DATE AND AMOUNT OF FIRST PAYMENT		And thereafter every
		£	
Until	DATE AND AMOUNT OF LAST PAYMENT		OR until you receive further notice from me/us in writing
		£	

SPECIAL INSTRUCTIONS		DATE
NAME OF ACCOUNT TO BE DEBITED	SIGNATURE(S)	ACCOUNT NUMBER

