

Cambridgeshire Prostate Cancer Support Association

Registered Charity No: 1133410

Membership Application Form (2014 issue 1)

Please complete the following and return the TOP half of this form to:
**Secretary, CambsPSA, Holly Cottage, 57 Globe Street,
Methwold, THETFORD, Norfolk, IP26 4PQ**

Full Name.....

Address.....

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

Telephone or Mobile No.....

Email address.....

Please tick the \diamond where applicable:

- 1) Do you wish to receive meeting information: **By Post** \diamond **or By Email** \diamond
- 2) Annual Membership Costs are: **£10 per individual or £15 per couple**

Tick EITHER box here:

- \diamond I enclose cash/cheque in payment for your annual subscription to CambsPSA. (Make cheques payable to *Cambridgeshire Prostate Cancer Support Association*).
- \diamond I have arranged to pay CambsPSA by bankers order.

3) I want to make a GIFT AID declaration as I am a UK resident and have paid UK Income Tax (please fill in the Gift Aid form, available separately)

CUT HERE >>>-----<<<< CUT HERE

BANKERS ORDER (BLOCK CAPITALS PLEASE) – Please submit to your bank

To the Manager (*Name and address of your bank*):

.....

Address.....

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

On receipt of this order and thereafter on 1st January EACH year (until cancelled by me) please pay Cambridgeshire Prostate Cancer Support Association the sum shown below:

Please credit the sum of £ (amount in figures or words) to:

Barclays Bank plc, 9-11 St Andrews Street, Cambridge CB2 3AA

Sort Code 20-17-22 Account Number 40338346

Account Reference 6003359510 Cambridge Building Society

Please debit my account as follows:

Sort CodeAccount Number.....

Signature.....Date.....

Name.....

Address.....

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