

Cambridgeshire Prostate Cancer Support Association

Registered Charity No: 1133410

Membership Application Form (issue 3)

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

Full Name.....

Address.....

..... Post Code.....

Telephone No..... Mobile.....

Email address.....

Please CIRCLE which ever statement applies:

1) Do you wish to receive meeting information: By Post or By Email

2) -- I enclose cash/cheque for £10.00 in payment of my annual subscription to
Cambs PSA for 2012. Please make cheques payable to *Cambridgeshire Prostate
Cancer Support Association*.

-- I have arranged to pay CambsPSA by bankers order.

CUT HERE >>>-----<<<CUT HERE
BANKERS ORDER (BLOCK CAPITALS PLEASE) – Please submit to your bank

On receipt of this order and thereafter on 1 January each year please pay **Cambridgeshire
Prostate Cancer Support Association** the sum of **£10.00 (Ten pounds)**.

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

.....

Address.....

..... Post Code.....

Please credit the above sum 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:

Sort Code Account Number.....

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

Name.....

Address.....

.....Post Code.....