

Membership Application Form



Mr/Mrs/Miss Full Name:

Business Partner:

Trading Name:

Address:

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.....

.....

Post Code:

Business Phone No: Fax:

E-mail Address:

Website Address:

Signed: Date:

Please send completed form including mandate or payment to:

Erica Hargreaves-Wood
Erica's Hair Salon
13 Victoria Street
Windermere
LA23 1AB

To: Bank

Branch Address:

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STANDING ORDER MANDATE

Please Pay: **National Westminster Bank**

Branch: **2 High Street, Windermere, LA23 1AF**

For the credit of **Windermere & Bowness Chamber of Trade**

Account Number **76099245** Sort Code **01-09-75**

Quote Reference **CofT**

The sum of **£25.00** **Twenty five pounds only**

On the **Date of first payment;**

And thereafter

The sum of **£25.00** **Twenty five pounds only**

From the **Annually, until further notice**

Please debit my account

| Account Number | Account Name |
|----------------|--------------|
| Sort Code | |

Signature(s)

Date