



**Mill Meadows Society Membership Form**

**I would like to**

- Apply for Membership**
- Renew my Membership**

*Please tick as appropriate*

**Membership Year**

**2017/2018**

*From 1st April 2017  
to 31st March 2018*

**Name**

**Address**

**Postcode**

**Telephone**

**Email**

*(All correspondence & newsletters will be sent via e-mail when an e-mail address is quoted)*

In our household there are  adults and  children

Subscription per household @ £4 per annum      £

Donation (thank you) - please state amount      £

**TOTAL £**

**Cheques should be made payable to Mill Meadows Society**  
**If you would like to pay by Standing order, please fill in the form on the next page**

**Please send this form together with your subscription and/or Standing Order form to:**

**Membership Secretary, Mill Meadows Society,  
 c/o 19 Gainsborough Close, Billericay CM11 2DB**

**If you require a membership card, please enclose a stamped addressed envelope**

*Please use the reverse of this form if -*

- (a) you wish to air your views about the Society, its management or have suggestions of topics for future meetings or
- (b) you have some names of other persons who may be interested in joining the Society

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*For Society use only*

Date Received	S.A.E.	Date Issued	S/O Recd	S/O Bank Date	XL Entry	Date to Treas	Member No
	Y/N		Y/N				



## Pay by Standing Order

Please fill in the form below and return it to:

**Membership Secretary, Mill Meadows Society,  
c/o 19 Gainsborough Close, Billericay CM11 2DB**

### STANDING ORDER MANDATE

To: .....(the name of your bank)

Your bank's postal address .....  
.....  
.....

### Please make the following payments to

Bank: LLOYDS TSB  
Billericay Branch

Sort Code: 30 - 90 - 80

Beneficiary: Mill Meadows Society

Reference: Mem No: \_\_\_\_\_ Name: \_\_\_\_\_

Account Number: 0 1 0 4 2 8 2 3

Amount: Annual Subscription £ 4.00  
Donation £ \_\_\_\_\_

**TOTAL £** \_\_\_\_\_

Due Dates: 1st April Annually

Commencing: 1st April 20\_\_\_\_

Last Payment: Until further notice

and debit the following account:-

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Signed: .....

Date: .....