

EHS MEMBERSHIP APPLICATION FORM (Issue 4)

For more information on the Elham Historical Study (EHS) please visit www.ehs.elham.co.uk

Personal Information_ (Form to be completed in CAPITAL letters please)

Title & Last Name	
First Names	
Email Address	
Postal Address House Name/Number	
Street / Road	
Town / Village	
County	
Post Code	
Home Tel. No. Inc STD Code	
Other Contact Info. e.g. Skype ID	

Additional Family Members

Title & Last Name	
First Names	

Title & Last Name	
First Names	

Title & Last Name	
First Names	

Title & Last Name	
First Names	

Important Notes:

- To comply with the terms of the Data Protection Act information provided here will not be passed on to third parties
- Membership runs from April through to March the following year, with no part year reduction
- Family Membership covers a maximum of 2 adults and all children resident at the same address as the main member
- The current membership fee is £5 per adult or £10 for a family residing at the same address
- Payment can be made by cash or cheque made payable to: EHS, alternatively a Standing Order payment can be set up using the attached Standing Order application form. Please enter your surname and initials in the "reference section" and when completed take or send the form to your bank.
- You may at times wish to carry out project and research activities and it is the members responsibility to ensure that they have adequate personal and third party insurance cover

Main Applicants SIGNATURE _____

DATE _____

Payment Method Chosen: **Cash, Cheque** or **Standing Order** (please delete accordingly)

EHS Use Only

Membership Number		Mem. Type: Adult/Family
Membership Fee Paid	£5/£10	Standing Order Setup Y/N

**The completed Membership Application form should be returned to:
The EHS Secretary, Cherry Cottage, New Road, Elham, Canterbury, Kent.CT4 6TQ**

**Are you a member of the Elham Village Hall Association?
If not please consider joining as they do support the work of the EHS**

Standing Order Mandate

Please complete, sign and send the form to your bank.

Name of Bank/Building Society

Address

.....

Please tick relevant box:

- New Instruction**
 Please amend previous Standing Order quoting reference/beneficiary

ACCOUNT TO BE DEBITED

SORT CODE

ACCOUNT NUMBER

ACCOUNT NAME

SERVICE TAKEN

BENEFICIARY DETAILS

BANK

BRANCH DETAILS

SORT CODE

ACCOUNT NUMBER

BENEFICIARY NAME

REFERENCE
(Your Surname & Initials)

PAYMENT DETAILS

AMOUNT OF FIRST PAYMENT £

DATE OF FIRST PAYMENT

AMOUNT OF USUAL PAYMENT £

AMOUNT OF USUAL PAYMENT IN WORDS

TO BE PAID

MONTHLY QUARTERLY ANNUALLY

DATE OF USUAL PAYMENT

COMPLETE EITHER:

AMOUNT OF LAST PAYMENT

& DATE OF LAST PAYMENT

OR PLEASE CONTINUE PAYMENT UNTIL FURTHER NOTICE

CUSTOMER SIGNATURE(S) DATE

CUSTOMER CONTACT TELEPHONE NO:

All boxes must be completed in order for the standing order to be processed

Please return address the completed form to your bank or building society