## MEMBERSHIP APPLICATION

Please complete in BLOCK CAPITALS

T			
Name(s):		Signature:	
Address:		Postcode	
Telephone:	Email:		
SUBSCRIPTION	AND PAYMENT		
I would like to join	The Beaconsfield Society and	will pay the following subscription:	
Annual Membersh	nip (£10 individual, £20 hous	sehold) £ per year	
For a household consisting of people (numbers lend weight to the Society's voice)			
but it considerably h	nelps the Society's administrati	Order mandate. This method costs you no more on. Please send the attached Banker's Order (or choose this method of payment) to:	
The Treasurer, The	Beaconsfield Society, 6 Coppe	rfields, Beaconsfield, Bucks HP9 2NS	
Thank you.	Kate McLeod, Treasurer	www.beaconsfieldsociety.org.uk	
Ва	anker's Order Mandate -	- The Beaconsfield Society	
To (name and addre	ss of your bank):		
Sort code:	Account No		
On receipt of this Order, please cancel any previous Order to The Beaconsfield Society and pay to Barclays Bank plc, 7 Station Parade, Beaconsfield HP9 2PH (Sort code 20-02-06) for the credit of The Beaconsfield Society (a/c 80163163) the sum of			
£ Annual Membership (£10 individual and £20 per family)			
commencing on receipt of this Order and on each anniversary thereof until further notice and debit my/our account accordingly.			
Name:		Signature:	
A ddragg.		Postcode	