

Membership Form

Title _____ Forename _____ Surname _____

Address _____

_____ Postcode _____

Age: under 50 50-65 66-75 76-85 over 86

I hereby apply to become a full member of the Charity, a company limited by guarantee and agree to be bound by its memorandum and articles of association and any rules made under these. I confirm that I support the Charity's aims and work. Should the Charity be wound up, I promise to pay the sum of up to £1 towards its debts, if asked to do so, and I understand that this liability will continue for one year after I cease to be a member of the Charity.

Date ___/___/___ Signature _____ E-mail address _____

Applications for membership will be considered by the Charity's Trustees. Membership is terminated if the member gives written notice of resignation, ceases to exist, is removed from membership by resolution of the committee or ceases to comply with the conditions of membership. Membership is not transferable.

Office use only: Date Membership accepted	Office use only: Date Membership ceased
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 Membership is free but a donation of £10 will help to cover our costs. If you are able to make a contribution please either send a cheque (payable to Age Concern Sheffield) with your membership form, or complete the standing order form below. Thank you.

Banker's Order Form

To the manager: _____ (bank)

Bank address _____

_____ Postcode _____

Please pay Age Concern Sheffield
 A/c no 90103101 Sort code 20-76-89

£_____ every month/ quarter/ year*
 starting on ___ / ___ / ___ (allow one month from today)

* delete as appropriate

From Account Number _ _ _ _ _

Sort Code _ _ _ _ _

Name of A/c holder _____

Address _____

_____ Postcode _____

Signature _____ Date ___/___/___

Please return this entire form to Membership Department, Age Concern Sheffield, 44 Castle Square, Sheffield, S1 2GF