

FLEET AIR ARM BUCCANEER ASSOCIATION

NAME	
ADDRESS	
POST CODE	
EMAIL	
TELEPHONE	

Service details:

Nickname	Sqdn/Unit	Rank / Rate	Date from	Date to

I would like to receive newsletters (when produced) delivered to my email address:
Yes / No

Membership Benefits:

Life, Full and Associate Members will receive reduced supplementary rates over non-members at reunions.

Life, Full and Associate members plus one guest each will be given priority over non-members when allocating places for limited numbers events.

Life Members and Full members have voting rights.

MEMBERSHIP FORM

FLEET AIR ARM BUCCANEER ASSOCIATION

PLEASE TICK TYPE OF MEMBERSHIP REQUIRED.

LIFE MEMBER	I enclose a cheque for £100 made payable to FAABA.	<input type="checkbox"/>
	I have made a one-off payment via BAC's for £100 to Barclays Bank, sort code :20-99-40, Account: 70584339	<input type="checkbox"/>
FULL MEMBER	Full Membership payable by a Standing Order of £10 per annum. <i>You can do this via online banking or download the Standing Order mandate below and hand/send it into your bank.</i>	<input type="checkbox"/>
	I enclose a cheque for £50 (minimum 5 years membership) made payable to FAABA.	<input type="checkbox"/>
ASSOCIATE MEMBER (No voting rights)	Associate Membership payable by a Standing Order only of £10 per annum. <i>You can do this via online banking or download the Standing Order mandate below and hand/send it into your bank.</i>	<input type="checkbox"/>

The Username for access to the members-only part of the website will be given after payment has been confirmed.

Signature:

Date

Please email completed Membership forms to: robinH49@btinternet.com or send completed Membership forms and any cheques to:

Robin Harper
10 Harding Court
Somerton
Somerset
TA11 6TD

MEMBERSHIP FORM

STANDING ORDER MANDATE

To: Barclays Bank PLC, King George Street, Yeovil, Somerset, BA20 1PX, (Branch)

PLEASE TICK RELEVANT BOX:-

NEW INSTRUCTION
PLEASE AMEND PREVIOUS STANDING ORDER
QUOTING REFERENCE / BENEFICIARY

ACCOUNT TO BE DEBITED		BENEFICIARY DETAILS	
BANK	<input style="width: 150px; height: 15px;" type="text"/>	BANK	<input style="width: 150px; height: 15px; border: 1px solid black;" type="text" value="BARCLAYS"/>
SORT CODE	<input style="width: 60px; height: 15px;" type="text"/>	BRANCH DETAILS	<input style="width: 150px; height: 15px; border: 1px solid black;" type="text" value="YEOVIL"/>
ACCOUNT No.	<input style="width: 60px; height: 15px;" type="text"/>	SORT CODE	<input style="width: 60px; height: 15px;" type="text" value="2 0 9 9 4 0"/>
ACCOUNT NAME	<input style="width: 150px; height: 20px;" type="text"/>	ACCOUNT NUMBER	<input style="width: 60px; height: 15px;" type="text" value="7 0 5 8 4 3 3 9"/>
	<input style="width: 150px; height: 20px;" type="text"/>	BENEFICIARY NAME	<input style="width: 150px; height: 15px; border: 1px solid black;" type="text" value="FAA BUCCANEER ASSOCIATION"/>
		REFERENCE	<input style="width: 150px; height: 15px;" type="text"/>

PAYMENT DETAILS

AMOUNT OF FIRST PAYMENT £ DATE OF FIRST PAYMENT

AMOUNT OF USUAL PAYMENT £

AMOUNT OF USUAL PAYMENT IN WORDS

WHEN PAID
(WEEKLY, MONTHLY, ANNUALLY, ETC) DATE OF USUAL PAYMENT

COMPLETE EITHER
AMOUNT OF LAST PAYMENT £ AND DATE OF LAST PAYMENT

OR, PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE YES

CUSTOMER SIGNATURE(S)
 DATE

CUSTOMER CONTACT TELEPHONE NUMBER

ALL RELEVANT BOXES MUST BE COMPLETED IN ORDER FOR THE STANDING ORDER TO BE PROCESSED