

FLEET AIR ARM BUCCANEER ASSOCIATION

MEMBERSHIP FORM

Surname:	
First Name(s):	
Address:	
Post Code:	
Preferred Email Address:	
Other Email Address:	
Telephone Number:	
I would like to receive newsletters delivered to my preferred email address: Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick)	

If you are happy for your service details to be put on the FAABA website tick here and add the relevant details in the Table below:

Name	Nickname	Squadron	Rank / Rate	Date From	Date To

Fees: **Pleas tick type of membership required and the method of payment:**

Life Member:	I wish to become a Life Member for a one-off payment of £100.	<input type="checkbox"/>
	<i>I enclose a cheque for £100 made payable to FAABA</i>	<input type="checkbox"/>
	<i>I have made a one-off payment via BACS for £100 to Barclays Bank, Sort Code: 20-99-40, Account: 70584339</i>	<input type="checkbox"/>
Full Member:	I wish to become a Full Member for a payment of £10 Per annum (Minimum of 2 years if paying by cheque).	<input type="checkbox"/>
	<i>I enclose a cheque for a total of: £_____ made payable to "The Fleet Air Arm Buccaneer Association", or</i>	<input type="checkbox"/>
	<i>I have completed a Standing Order form that I have handed into my bank</i>	<input type="checkbox"/>

Signature: Date:.....

Please post completed form to: Robin Harper, FAABA,
10 Harding Court,
Somerton,
SOMERSET, TA11 6TD

FLEET AIR ARM BUCCANEER ASSOCIATION

MEMBERSHIP BENEFITS

1. Full members will be given priority over non-members when allocating places for limited invitations to various FNF events etc.
2. Life Members get to be mentioned on the front cover of each magazine published

MEMBERSHIP FEES

1. Life Membership - a one-off life membership fee of £100.
2. Full Membership - A yearly subscription of £10 payable by standing order or cheque (min of 2 years if paying by cheque) made payable to the FAABA.

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: 200px; height: 20px;" type="text"/>	BANK	<input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="BARCLAYS"/>
SORT CODE	<input style="width: 100px; height: 20px;" type="text"/>	BRANCH DETAILS	<input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="YEOVIL"/>
ACCOUNT No.	<input style="width: 100px; height: 20px;" type="text"/>	SORT CODE	<input style="width: 60px; height: 20px;" type="text" value="2 0 9 9 4 0"/>
ACCOUNT NAME	<input style="width: 200px; height: 20px;" type="text"/> <input style="width: 200px; height: 20px;" type="text"/>	ACCOUNT NUMBER	<input style="width: 100px; height: 20px;" type="text" value="7 0 5 8 4 3 3 9"/>
		BENEFICIARY NAME	<input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="FAA BUCCANEER ASSOCIATION"/>
		REFERENCE	<input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="MEMBERSHIP"/>

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