

## 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](mailto: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

Please hand in / post this mandate to your own bank  
Or, if you have online banking complete the details online with your bank

PLEASE TICK RELEVANT BOX:-

  

NEW INSTRUCTION  
PLEASE AMEND PREVIOUS STANDING ORDER  
QUOTING REFERENCE / BENEFICIARY

ACCOUNT TO BE DEBITED		BENEFICIARY DETAILS	
BANK	<input type="text"/>	BANK	<input type="text" value="BARCLAYS"/>
SORT CODE	<input type="text"/>	BRANCH DETAILS	<input type="text" value="YEOVIL"/>
ACCOUNT No.	<input type="text"/>	SORT CODE	<input type="text" value="2 0 9 9 4 0"/>
ACCOUNT NAME	<input type="text"/>	ACCOUNT NUMBER	<input type="text" value="7 0 5 8 4 3 3 9"/>
		BENEFICIARY NAME	<input type="text" value="FAA BUCCANEER ASSOCIATION"/>
		REFERENCE	<input 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**