

*The Guildford Waterside Centre*

*The GWC 400 Club*

*Membership Application Form*

Members Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

I wish to be a member of the *The GWC 400 Club* and purchase (    ) Memberships at £24.00 each.

I enclose the following, either:

\*1 Cheque for (            ) for each membership at £24.00  
dated \_\_\_\_\_

or \*I confirm that a Standing Order Form, has been presentation to my bank with the 1<sup>st</sup> payment on \_\_\_\_\_

\* delete as appropriate.

I understand that I will be entered into the next monthly draw, following the clearance of my cheque or the payment into the

*The GWC 400 Club*. Bank of my Standing Order.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please send completed form to: The GWC 400 Club Administrators  
Jim & Jill Rossiter, 101 Whyteleafe Road, Caterham Surrey CR3 5EJ

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**For Official Use only:**

Membership No.(s) Issued \_\_\_\_\_ Payment Cleared \_\_\_\_\_

Date of 1<sup>st</sup> draw entry \_\_\_\_\_ Date Receipt Sent \_\_\_\_\_

# Standing Order

Account Name

.....  
(Insert name of account payments are to be made from):

Account Number:.....

**Instruction:**

Please pay ..... THE CHARITIES AID FOUNDATION .....Bank  
Branch address: 25 Kings Hill Avenue, Kings Hill  
.....West Malling. Kent.....  
..... ME 19 4TA

Account number:

0	0	0	1	6	3	5	1
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Sort code:

4	0		5	2		4	0
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Beneficiary's name **The Guildford Waterside Centre (GWC 400 Club)**

The sum of:

£	Amount in words:
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Date of first payment

/	/
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and thereafter on the same day  
day) every year\* until further notice or until:

(or nearest bank working

date of final payment\*

/	/
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**\*(Please delete as appropriate)**

Quoting reference and debit our account accordingly

**Please cancel any previous standing order in favour of this beneficiary under this reference**

Special instructions: (e.g. amount of first or last payment, if different).....  
.....

**Authorisation:**

Name ..... Name

Signature ..... Signature

Date ..... Date

.....  
**(To be signed in accordance with your mandate)**