

MEMBERSHIP FORM

KIDDERMINSTER HARRIERS INDEPENDENT SUPPORTERS TRUST

Please fill in as much information as possible. It will help us contact you.

office use _____ date _____

Full Name & address:

_____ Post Code: _____

Tel: _____ E-mail: _____

Please tick the required membership (The fee includes a £1 share in the trust)

- Adult annual membership...£ 5.00
- Family annual membership up to 1 adult + partner & all children up to 16yrs free...£ 8.00
(Family membership gives voting rights to the primary member only. If you both want a vote then please join as single members)

For Family Membership please give details below of your partners name and all children to be included:

Partner: _____

Children: (please give DOB) _____

I wish to become an annual member of KHIST in accordance with its rules and constitution and enclose cheque/p.o* to the value of £_____ made payable to KHIST.

This will give all adult members the right to vote at all KHIST meetings and elections in accordance with its constitution (Members must be 16 or over).

FUND DONATION - ONE OFF PAYMENT/ INSTALMENT OPTION

- I wish to donate to KHIST the sum of £_____ over and above my annual membership and attach a cheque, made payable to KHIST for the said sum.
- I wish to use the standing order mandate to make an annual donation as shown. I understand that this sum is to be used in accordance with the objectives of the association.

All information will be kept confidential and for association purposes only.

STANDING ORDER MANDATE

KHIST use: name _____ m/ship no _____

To: _____ Bank: Address: _____

Please pay National Westminster Bank, High St. Kidderminster, sort code: 60-12-12

For the credit of **KHIST A/C No 27006344**

The sum of £_____ Amount in words _____

Commencing on _____ and £_____ thereafter every month / year until further notice.

Account to be debited: A/c name: _____ A/c number: _____

Sort code: _____ Sig(s) 1 _____ 2 _____ Date: _____