

Membership Application Form

First Name	<input type="text"/>	Email:	<input type="text"/>
Middle Name	<input type="text"/>		
Last Name	<input type="text"/>	Phone 1	<input type="text"/>
Date of birth	<input type="text"/>	Phone 2	<input type="text"/>
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
Address 3	<input type="text"/>	Town	<input type="text"/>
County	<input type="text"/>	Postcode	<input type="text"/>
Membership type	Contact information will be used exclusively by the Glovers Trust to keep you up to date with Trust activities, if you would prefer not to be contacted in this manner please tick this box. <input type="checkbox"/>		
Adult	<input type="checkbox"/>	<u>Admin Use Only</u>	
Youth (Under 15)	<input type="checkbox"/>	Membership No.	<input type="text"/>
Corporate	<input type="checkbox"/>		

Standing Order Form

Account Holder Name (as shown on card)

<input type="text"/>					
Sort Code	<input type="text"/>	Account number	<input type="text"/>		
Bank Name	<input type="text"/>	Branch	<input type="text"/>		
Membership Fee					
Adult Annual	(£10)	<input type="text"/>	Youth Annual	(£1)	<input type="text"/>
Corporate Annual	(£100)	<input type="text"/>	Other Donation		<input type="text"/>

Signature

<input type="text"/>

Our Bank Name	The Co-Operative Bank PLC		
Our Sort Code	08-92-99	Our Account Number	6579 4199
Our Account Name	The Glovers Trust		
Amount	£	Amount in words	<input type="text"/>
Date of First Payment	<input type="text"/>	Date of Subsequent	<input type="text"/>
Frequency	<input type="text"/>	Payments	