

MINEWARFARE ASSOCIATION – MEMBERSHIP APPLICATION FORM

Please complete and forward to: Membership Secretary, MW Association, C/O MWOTC, Room F85, Marlborough Building,
HMS COLLINGWOOD, Newgate Lane, FAREHAM, Hants, PO14 1AS

Or Email to: sean.slee663@mod.uk

FULL / HONORARY MEMBERSHIP			LIFE MEMBERSHIP		
FORENAME:			FORENAME:		
SURNAME:			SURNAME:		
FULL ADDRESS:			FULL ADDRESS:		
POSTCODE:			POSTCODE:		
E Mail Address:			E Mail Address:		
Tel No:			Tel No:		
Date of Birth:			MEMBERSHIP No.		
MW Professional Qualifications:	Course:	Date: (if known)	I wish to apply for life membership to the Minewarfare Association. I confirm that;		
				I am aged 60 or over	
				I have completed 5 years uninterrupted membership to the MW association	
			OFFICIAL USE ONLY		
PAYMENT: The annual subscription is £12.00. The preferred method of payment is by Standing Order through your bank using enclosed Standing Order Form. Alternatively you can enclose a cheque made payable to the Minewarfare Association Reunion Fund.			Treasurer:	Payment Received:	Signature:
					Date:
			Membership Secretary:	Membership No Issued:	Signature:
					Date:
Payment Method (Please tick box)	<input type="checkbox"/>	By Standing Order – Please complete enclosed Standing Order Form and submit to the address at the top of this page	Association Secretary:	Joining Letter forwarded	Signature:
	<input type="checkbox"/>	By Cheque - Please make payable to Minewarfare Association Reunion Fund. <i>Note. Cheques are only accepted in exceptional circumstances.</i>			Date:
			MEMBERSHIP No.		

Standing Order Form.

To: (Your Bank)

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(Your Bank address in full)
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Name of Account
(Your Name)

SORT CODE (Your Account)

ACCOUNT NUMBER (Your Account)

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Please make payments as follows to the debit of my account:

Payee: MINEWARFARE ASSOCIATION REUNION FUND,

SORT CODE

ACCOUNT NUMBER

			-			-												
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The National Westminster Bank PLC,
130 Commercial Road,
Portsmouth,
Hants,
PO1 1ES

Amount: £ 12.00 (TWELVE POUNDS)

Quoting the reference: MW ASSOCIATION - ANNUAL SUBSCRIPTION

To be paid on receipt of this mandate and thereafter annually on the 1st of April, until this order is cancelled by me in writing.

This order cancels any previous orders to the same payee.

Date Signature.....