



APPLICATION FOR MEMBERSHIP

Name(s) & Membership No(s): _____

(Please include all names if applying for family membership & the ages if under 18. Please also include membership number(s) if renewing your membership)

Address: _____

Email : _____

Tel No: _____

Note: Members MUST be aged 16 or over

I wish to apply/renew my membership of The United Trust for ____ years/ until further notice (delete as applicable) at £5 per year for individuals, families, Under 18s and OAPs. Membership is renewed on June 1 each year.

Please note: Maximum membership term if paying in advance is 3 (three) years.

I agree to abide by the rules of the Society.

Signed _____ Date _____

TYPE OF PAYMENT

Cash Cheque Standing Order

Amount enclosed £ _____ (for cash and cheque payments only)

Please make cheques payable to The United Trust.

Please complete the Standing Order mandate overleaf if paying by this method.

IMPORTANT

You MUST sign and date this form before returning it. Incomplete forms can not be accepted.

DONATIONS

If you wish to make a donation to the Trust's share fund, please complete the separate donation form.

If you have any queries or need help completing the form, please contact us via info@united-trust.org.uk

Please return this form to:

The United Trust, Fifteen Rosehill, Montgomery Way, Rosehill Estate, Carlisle, Cumbria, CA1 2RW

STANDING ORDER MANDATE

To: _____ Bank Address: _____

Please pay The Co-Operative Bank Salford, Sort Code 08 92 99. For the credit of The United Trust Ac. No. 65045152

The Sum of £__.00 Amount in words: _____

Commencing ____/____/____ and £__.00 thereafter every year until ____/____/____ or until further notice (delete as applicable)

Quoting The United Trust Membership No: _____ and debit my/our account accordingly.

Account to be debited: Account name _____

Account number _____ Sort Code _____

Signature _____ Date: _____