



## APPLICATION FOR RENEWAL OF MEMBERSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email : \_\_\_\_\_

Tel No: \_\_\_\_\_

Date of Birth (if under 18 years old): \_\_\_ / \_\_\_ / \_\_\_ Membership No. \_\_\_\_\_

I wish to apply for membership of The United Trust for \_\_\_\_ years/ until further notice (delete as applicable) at £5 per year. 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](mailto:info@united-trust.org.uk)

Please return this form to:

The United Trust, Warwick House, Allenbrook Road, Rosehill, Carlisle, Cumbria, CA1 2UT

## 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 £5.00 Amount in words: \_\_\_\_\_

Commencing \_\_\_\_/\_\_\_\_/\_\_\_\_ and £5.00 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: \_\_\_\_\_