

MEMBERSHIP FORM

I wish to become a member of the **League of Friends of North Walsham War Memorial Cottage Hospital.**

Enclosed is my subscription of **£5.00/ £25.00**

Name:

Address:

.....

.....

Post Code:.....

Telephone:.....

E-mail:

**Minimum subscription £5.00 per annum
NB. Life Membership £25.00 (Single Payment)**

A receipt will be sent to you in due course

NB. Should you wish to make a Standing Order please complete the Form on next sheet together with the above and send to;

**Carole Willgress
28 Beechlands Park
Southrepps
Norwich NR11 8NT**

STANDING ORDER

To:

..... Bank/Building Soc.

Address:

.....

.....

Please pay the sum of £5.00 now and annually on
The 25th MARCH thereafter until further notice

From my/our Account No

To Lloyds Bank, Market Place, North Walsham

Sort Code: **77 66 07**

Account number: **22092768**

The League of Friends North Walsham Hospital

Signature

Date

Name

(Block Capitals)

Address:

.....

.....

Post Code:.....

Please forward completed form to;

**Carole Willgress
28 Beechlands Park
Southrepps
Norwich NR11 8NT**