

**THE LEAGUE of FRIENDS OF NORTH WALSHAM WAR MEMORIAL HOSPITAL
MEMBERSHIP FORM**

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

Name:

Address:

Post Code:

Telephone:

Mobile:

Email:

Enclosed is my subscription (please tick preference):

Minimum subscription £5.00 per annum **Life Membership £25.00 single payment**

NB: If paying cash or cheque please send this section to the Treasurer.

Should you wish to make a Standing order, please also complete the form below and send both sections to the Treasurer:

Mrs Carol Willgress
28 Beechlands Park
Southrepps
Norwich
NR11 8NT

STANDING ORDER

To..... Bank /Building Society

Address

Please pay the sum of £5.00 now and annually on the 25th March thereafter until further notice, from my/our account:

Sort Code:

Account:

**To Lloyds Bank, Market Place, North Walsham Sort Code: 77 66 07 Account No.: 22092768
The League of Friends North Walsham Hospital.**

Signature:

Date:

Name (Print):

Address: