

Application Form for UK Synaesthesia Association Membership

Note: If you would like to pay by annual standing order please also print out the next page and send it to your bank.

Please print out this form, sign and send it, together with a cheque or postal order made payable to the 'UK Synaesthesia Association' to:

Membership Secretary
UK Synaesthesia Association,
PO Box 6258, Leighton Buzzard, LU7 0WP

From: Your Name _____

Your Address _____

_____ Post Code _____

Membership Fees: UK £20 p.a. - Concessions (OAP & Student): £12 p.a. - Overseas €30 p.a.

I am paying by annual standing order ()

I enclose a cheque made payable to 'UK Synaesthesia Association' ()

Amount £ _____ (in figures) (£ _____ the amount in words)

X SIGNED _____ **DATE** _____

UK SYNAESTHESIA ASSOCIATION STANDING ORDER MANDATE

If you would like to set up an annual standing order for your UKSA membership please print out this form, fill it in, **sign it and post it to your Bank**).

Your Name: _____

Your Address _____

_____ Post Code _____

To: Your Bank/Building Society: _____

Your Bank/Building Society Address: _____
_____ Post Code _____

Account No./Reference: _____ Sort Code: _____

annually commencing * _____ (insert date)

and continuing until * _____ (insert date) or until further notice

* delete as appropriate

Membership Fees: UK £20 p.a. - Concessions (OAP & Student): £12 p.a. - Overseas €30 p.a.

Please credit:

Account Name: UK Synaesthesia Association

Bank: xxxxxx xxxxxxxx

Sort code: xx-xx-xx (for details, email us at: uksynaesthesia@hotmail.com)

Account No: xxxxxxxx

Amount £ ____ (in figures) (_____ the amount in words)

XSIGNED _____ DATE: _____