

MEMBERSHIP APPLICATION FORM

CHELTHENHAM TOWN SUPPORTERS SOCIETY LTD



1. YOUR DETAILS

Title:		Date of birth:	
Surname:		First name:	
Address line 1:		Address line 2:	
Town / City:		Postcode:	
Telephone:		Email address:	

2. MEMBERSHIP OF THE TRUST

I wish to become a member of the Robins Trust and agree to abide by the rules of the Trust (available on request or from www.robinstrust.org)

I enclose £_____ being the membership subscription

Signed:		Date:	
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Annual member-ship fees: Individual adult: £12.00
Family: £20.00 (2 adults & 2 children 10-16)
10 year individual adult: £100.00
Concessions (over 65 or student): £8.00 (proof of eligibility required)
Junior (10-16): £4.00
Under 10: Free

3. PAYMENT

I wish to pay by CASH / POSTAL ORDER / STANDING ORDER / CHEQUE (delete as required)

STANDING ORDER MANDATE (if selected above)

To (your bank name):		Bank address:	
Account number:			
Account sort code:			
Account holder name:			

Please pay Co-operative Bank, Business Direct, Kings Valley, Yew Street, Stockport, SK4 2JU
Sort code 08-92-99 for the credit of **ROBINS TRUST**, account number 65175938

The sum of £_____ Amount in words _____

Commencing (date) _____ and thereafter annually

Signed:		Date:	
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**Please return this form (and payment if applicable) to a Committee member or by post to:
Robins Trust Membership, 24 Linwell Close, Cheltenham, GL50 4SD.**