

Corsham Twinning Association

Application For Membership

Could you please take a few minutes to complete this form and return it to Susan Wingrave at 24 Kidston Way, Corsham, SN13 0JZ. Please print.

Name(s):		
Address:		
		Postcode:
Telephone:		Email:
membership renewal is du membership	fee of £15.00 for couples/fan le each January. If paying fo	order mandate (below) for their annual nilies or £10.00 for individuals. Membership or 6 months initially, please add the half andate below. If paying by cheque, please make on.
Standing Or	der Mandate:	
To the manager of		Bank
Please set up	o a standing order as follows	:
Payee: Account:	Corsham Twinning Assoc 21025074	iation
Bank: Sort Code:	HSBC, 2 Market Place, Chippenham, SN15 3HE 40-18-13	
Amount:		ole on 1 st January until further notice.
	Please also make immedi	ate payment of £
Name:		
Account:		
Cianada		