

**ROMSEY TWINNING**  
Application for Membership



Please complete this application form and return together with the appropriate payment or the Standing Order part completed to:

**John Parker, Cornerways, Highwood Lane, Romsey, SO51 9AF (parkerjsxx@aol.com)**

Cheques should be made payable to **Romsey Twinning**.

**SEND THE WHOLE FORM TO JOHN. DO NOT SEND IT DIRECTLY TO YOUR BANK.**

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I / We\* apply for individual / family\* membership with Romsey Twinning

**Name** .....

**Address** .....

.....

..... **Post Code** .....

**Email** ..... **Tel** .....

**Age Group** (please tick)

20 – 40 years ( )      40 – 60 years ( )      60 plus ( )

Please list any specific interests, hobbies etc.

I am / am not \* interested in participating in twinning visits to and hosting guests from Paimpol

I am / am not \* interested in participating in twinning visits to and hosting guests from Battenberg

I am / am not \* interested in participating in twinning visits to and hosting guests from Treviglio

**Scale of Fees from January 2011**

Annual subscription	*	Individual membership	£5.00
or	*	Family membership	£8.00

\* **Delete as appropriate**

**STANDING ORDER MANDATE**

To:

(Please fill in the name and address of your Bank, Building Society etc.)

PLEASE TICK RELEVANT BOX	<input checked="" type="checkbox"/>	NEW INSTRUCTION
		AMEND PREVIOUS STANDING ORDER
ACCOUNT TO BE DEBITED		BENEFICIARY DETAILS
SORT CODE		BANK
ACCOUNT NUMBER		BRANCH DETAILS
ACCOUNT NAME		SORT CODE
		ACCOUNT NUMBER
		BENEFICIARY NAME
		REFERENCE
<b>PAYMENT DETAILS</b>		
Amount of first payment	£	Date of first payment
Amount of annual payment	£	Date of annual payment
Annual payment in words		
Please continue payments until further notice		<b>Yes</b>
Customer signature(s)		Date
Customer Contact Telephone no.		