For office use only
Date received:
Received by:
New member no.:



Registered charity in England and Wales, no. 1047378

## **CBA South-East New Membership Application Form**

Main	members	hip conta	ct details:				
Title:	Mr	Mrs	Miss	Dr	other, please specify		
Full n	ame:						
Conta	ct addres	s:					
Count	ty:						
Postc	ode:						
Email	address:						
Telep	hone no.:						
l wou	ld like to j	oin CBA S	outh-East ι	under the	e following membership (please tick):		
	One-Yea	ar Individ	ual Membe	ership: £1	10.00		
	One-Year Joint Membership: £13.00 (two co-habiting adults)						
	One-Year Family Membership: £16.00 (two adults + unlimited number of co-habiting children)						
	One-Yea	ar Studen	t Members	hip: £7.0	00		
Name	s of addit	ional join	ing membe	ers:			

Please print this form and post, or save and email to the Membership Secretary, and please enclose a cheque or the standing order mandate form below if using these payment methods

Mrs Shiela Broomfield Dip. Arch. FSA 8 Woodview Crescent, Hildenborough, Tonbridge, TN11 9HD

Tel: (01732) 838698

Email: membership@cbasouth-east.org

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## **CBA South-East Standing Order Mandate Form**

Member detail	ls							
Full name								
Address								
Postcode								
Bank name								
Sort code								
Account no.								
Account holder name								
Bank Address and Postcode								
Please pay Lloyds TSB, Preston Circus branch, PO Box 1000, BX1 1LT, for the bank account of CBA South-East,								
Sort code	30-96-83							
Account no.	00784858							
the sum of £	(amount in words: pounds only) on the							
and then annually on the same date until further notice.								
Reference (for your account statement)								
Signed	Date							
Please print, sign above, and return this form by post, or sign digitally (see help form),								

save and email to the Membership Secretary at

Mrs Shiela Broomfield Dip. Arch. FSA

Tel: (01732) 838698

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