

#### Part A: Membership Form: please return to us

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| **Name:**  |  |
| **Address:** |  |
| **Phone number:** |  |
| **Can we send newsletters by email?** | **Yes / No** |
| **Email address:** |  |
| **Membership level:****(Please tick in box as appropriate)** |  | £25 | Family/Couple (delete as applicable)  |
|  | £15 | Adult  |
|  | £7.50 | Junior (under 16)  |
|  | For under 16s, please state date of birth |
|  | £12.50 | Senior  |
| Payment method: |  | Cheque enclosed |
|  | Bank transfer with your name as a reference |
|  | Standing order for a regular monthly donation (please state how much) |
|  | Standing order for total membership fee  |
| **For cheque payments:** Please return this form and your cheque (made out to Help a Hedgehog Hospital) to: Maureen Reader, Treasurer, Help a Hedgehog Hospital, The Cottage, Bownham Common, Brimscombe, Stroud, Gloucestershire, GL5 2SN**For Standing orders:**Please complete PART A and return to the address above Please complete PART B and take to your bank or use online banking to set up your payment.  |

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#### Part B: Standing Order Form: to take to your bank

**I would like to set up a Standing order payable to the following, with immediate effect:**

Account name: “Help a Hedgehog Hospital”,

Bank name and branch: Lloyds TSB, 12 Rowcroft, Stroud, Gloucestershire, GL5 3BD

Sort code: 30 98 29 Account number: 01145001

Please pay the sum of (tick as appropriate)until cancelled by me in writing:

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|  | £15.00 | per year (Adult) |
|  | £25.00 | per year (Family/couple) |
|  | £12.50 | per year (Senior) |
|  | £7.50 | per year (Junior/Under 16) |
|  | £3.00 | per month regular donation |
|  |  | monthly regular donation (please state how much) |

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| **Signed:** |  | **Date:** |  |