

**Membership Application Form**

**YOUR CHANCE TO WIN A CASH PRIZE EVERY MONTH**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address: |  | | |
| Email: |  | | |
| Tel No: |  | | |
| State number of shares per month @ £5 each | | |  |
| Total Monthly Payment | | |  |
| Membership Start Date  *Please insert the date you would like your membership to begin!* | | |  |
| Please tick box:  I confirm I am 16 years of age or over:  I confirm that I have read and agree to the Terms and Conditions: | | | |
| Signed: | | Date: | |
| **Method of payment:**   * Set up monthly standing order with your bank:   You will be entered into the draw of the month from which the first payment is received.  The draw will be conducted at the end of every month.  **Standing order details:**  Account Name: Sefton Women’s and Children’s Aid  Sort Code: 60-09-13  Account Number: 97663581  *\*Please note that we cannot accept monthly cash/cheque payment for this scheme\** | | | |
| Please complete and return to: fundraising@swaca.com | | | |
| **Office Use:**  No. of Shares per month Numbers Allocated:  Added to Database & Notified: YES/NO Date Form Received | | | |