

Friends Membership Application Form

Title	<input type="text"/>	Surname	<input type="text"/>
First Name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>		

Please tick to give the Yvonne Arnaud permission to contact you

Pay by Cheque

I enclose £25 (£20 students/jobseekers) to become a Friend of the Yvonne Arnaud Theatre.

Cheques must be payable to 'Yvonne Arnaud Theatre'

Pay by Debit or Credit Card

Please charge my: Visa/ Mastercard/ Amex/ Delta/ Maestro:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	/	<input type="text"/>	CV2*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Issue no. (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature

If paying by card, the address given must be that of the registered cardholder.
*The last three digits on the signature strip. American Express users should use the 4 digit security code.

Please send this form to the following FREEPOST address:
FREEPOST
YVONNE ARNAUD THEATRE

Pay by Direct Debit

Instruction to your Bank or Building Society to pay by Direct Debit
Annual payment to be taken on the last day of the month of joining. Please note that for applications received after the 10th of the month, payment will be taken during the next month.

Name and full postal address of your Bank or Building Society

To the Manager	Bank
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	

Name of Account Holder(s)	<input type="text"/>
Branch Sort Code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Originator's Identification Number	4 0 9 8 9 4
Reference Number (to be completed by the Yvonne Arnaud Theatre)	<input type="text"/>

Instruction to your Bank or Building Society
Please pay Yvonne Arnaud Theatre Management Limited (Account No. 30998508 Sort Code 20-35-35) Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Yvonne Arnaud Theatre Management Limited and, if so, details will be passed on electronically to my Bank or Building Society.

Signature

Date