

**RSPB NORTH EAST HANTS LOCAL GROUP**

I/We wish to join the membership of the RSPB NE Hants Local Group  
 I/We wish to pay by (tick one box) **Cash** [  ] **Cheque** [  ] (payable to RSPB NE Hants Local Group)  
**Standing Order** [  ]

Annual subscription is £10 per adult per annum. Free membership for children living at the same address.

Name/s ..... (Please print)  
 Address .....  
 Post Code ..... Telephone Number .....

E mail .....  
 How did you hear about the RSPB North East Hants Local Group? (Please tick most appropriate)  
 NEH Group Website ( ) RSPB ( ) Local paper ( ) local event ( ) Friend ( )

The RSPB North East Hampshire Local Group would like to keep your details to ensure you enjoy the benefits of group membership by sending you information about group activities. If you're happy for us to keep in touch, please let us know how you would like to hear from us. You may tick more than 1 box.  
 [  ] email [  ] post [  ] phone  
 You can change your preferences at any time by writing to us at the address below. Your details will be held by the RSPB North East Hampshire Group which adheres to the RSPB privacy policy at:  
**www.rspb.org.uk/privacy**

Please send this completed page with a 160mmx229mm stamped self-addressed envelope to:  
**John Mathews, Membership Officer, 48 Fellows Road, Farnborough. GU14 6NX**

**STANDING ORDER MANDATE**

To The Manager ..... Bank# # Please insert details of your Bank  
 Address\* .....  
 Post Code\* ..... Applicant's Bank Sort Code .....

**Please Pay**

**For the Credit of Quoting Reference**

To be completed by Membership Sec

**The Sum of**

Please Insert: £10 per membership

Bank	Branch	Sorting Code No
Lloyds Bank	Biggleswade Branch	30 - 90 - 79
Beneficiary's Name		Account Number
RSPB NE Hants Local Group		3   3   3   6   2   9   6   0
Amount in Figures		Amount in Words

Please make an Immediate Payment and debit my account accordingly with the next payment on **25 March 2019** - and thereafter annually, until you receive further notice from me/us in writing

Please cancel any previous standing order in favour of the beneficiary named above under this reference

Names of account holders *	Account Number to be debited *

\* Please insert details of your Bank Account

Signature(s) ..... Date .....

Note: The Bank will not undertake to  
 (i) make reference to VAT or other indeterminate element (ii) advise payer's address to beneficiary  
 (iii) advise beneficiary of inability to pay (iv) request beneficiary's bank to advise beneficiary of receipt