## 'FRIENDS' Application Form

I/We\* wish to become a Friend of the Festival Drayton Centre commencing:

	130	20			
	Single Mem	bership - £12.00			
	Title	First Name	Surname		
	Joint Memb	<b>ership</b> (Two people residing at the	same address.) - £20.00		
	Title	First Name	Surname		
	Title	First Name	Surname		
	Address				
	Telephone N	Number	Email	Email	
	I would like to pay my subscription by:  Standing Order Annually Debit/Credit Card Annually Cash Annually				
	Date of Pay Receipt Iss				
	Please tick if you are happy with the statement	I understand my details will me about my 'Friends' memb Centre's priva	ership as detailed in the	Today's Date and Signature	
			FR (Please complet	rayton , Shropshire TF9 3AX e ALL AREAS in white and	
			return the comp	leted form to the Centre.) mber:	
	vords)	ervicing, Edinburgh, BX2 1L commencing 1s		ntil further notice for the	
Account Number:           0         0         5         1         1         1	4 3	Sort Code:  3 0 1 5 3	Quoting re	ference number <sup>‡</sup>	
Account Name			Signature X		
Name of account holder  Friends membership number—to be issued			Date		
rriends membership number—to be issued			18888888888888888 <u>888</u> 888		

To:

The Manager\_