

**APPLICATION FORM
FRIENDS OF AVISFORD MEDICAL GROUP
CHARITY NUMBER: 1074882
50/50 CLUB**

NAME:Title.....

ADDRESS:.....

.....

TELEPHONE NUMBER:

EMAIL ADDRESS:

I WISH TO JOIN THE 50/50 CLUB WITH EFFECT FROM:

I WISH TO PAY BY CHEQUE / STANDING ORDER.

PLEASE CIRCLE APPLICABLE METHOD & AMOUNT

CHEQUES SHOULD BE MADE PAYABLE TO: Friends of Avisford Medical Group 50/50 Club and can be either: Quarterly - £15, Half Yearly - £30, Yearly - £60, per ticket.

STANDING ORDERS to have the date of the 1st of the month and to be £5 monthly Kindly state amount for more than one number a month eg: 2 numbers £10

If you have paying by Standing Order please quote your reference as it appears on the mandate below.

I understand by signing this form that I am agreeing to the above data will be held both on paper and in electronic form by the Friends of Avisford Medical Group solely for the purposes of administering the 50/50 Club.

You may ask for your data to be deleted by writing to Friends of Avisford 50/50 Club Administrator at Middleton Surgery, Elmer Road, Middleton-on-Sea, Bognor Regis, West Sussex PO22 7SR. Your data will not be shared with a third-party, company or person unless required by law.

SIGNED:

DATE: