

Horsell Residents Association

Membership Application

Last Name:		First Name:			
Address:					
Phone/Mobile:					_
Email:					
Additional Memb	ers of Hou	usehold:			
Type of members	hip requir	ed (please circle your choic	e):		
1. Annual Hoເ Please com using accoເ	ısehold – f plete stanı ınt details	E 5.00 per annum by standin ding order form below or se below.	ng order. et up standing	g order wit	h your bank
2. Life Househ	nold – S	Single payment of £ 50.00 by	y bank transf	er.	
Signature:		Date:			
○ HRA Managem	ent Comm	be willing to help with any on the order of	fari (
To:		BANK	Date	e:/_	/
Branch Address: _					
		STANDING ORDER AUTH			
Bank Account #_			Bank So	rt Code	
Please pay	the sum of £5.00 (five p immediately upon recei	annual household membership			
[add the next year date >]		on the 2nd of January 20 and each year thereafter, until further notice.			
Beneficiary: Account details:	Sort Code	ll Residents' Association Ltd ode: 40-47-08 nt No: 22097389			
Signed	gned Print name(s):				

Please return completed form to: HRA Membership Secretary, Esperance, Bullbeggars Lane, Woking, GU21 4SQ or email: membership@horsellresidents.com