

Folkestone Twinning Association

Application Form

Name..... Partner.....
Other Family Members
Address
.....
Phone No..... Email.....

SIGNATURE.....Date.....

DATA PROTECTION ACT:the data supplied on this form may be stored on computer. Your above signature will taken as permission so to do.

STANDING ORDER FORM

To:.....Bank plc
Account No.
Sort Code No.
Address
.....
.....
.....

Please pay to:

FOLKESTONE TWINNING ASSOCIATION (A/c #) at 61483277
HSBC Bank plc (Sort Code 40-21-15)
Sandgate Road
Folkestone CT20

The sum of £ 10/£15 (enter amount in figures and words)
and the SAME AMOUNT on January 1 each year thereafter.

Signed Dated.....
Name (in capitals)
Address
.....
.....
Post Code

Note:

Please send this form directly to the Treasurer, and not to your bank:-
P M Camp 34 Minter Ave, Densole, Folkestone, CT18 7DU