

NEW MEMBER APPLICATION FORM

Montgomeryshire Wildlife Trust

MWT Park Lane House, High Street, Welshpool, Powys, SY21 7JP Tel: 01938 555654 Fax: 01938 556161 Email: info@montwt.co.uk Web: www.montwt.co.uk Registered Charity No. 512390



(1) Member Details:					
Mr/Mrs/Miss/Other:					
First Name:					
Address:					
Post Code:					NAME OF TAXABLE PARTY.
(2) Membership Type -	- please tid	ck t	he type o	of membership you require:	
Individual	£27	ſ	1 1	Individual Life Member	£600 []
Joint	£33		Live Total	Joint Life Member	£700 []
Family/Watch	£39	[1	Individual Monthly Payer	£2.25 []
School	£50	1	1	Joint Monthly Payer	£2.75 []
Community Group	£20]	1	Family/Watch Monthly Payer	£3.25 []
				Other Monthly Amount	£
For details of our Corpo	rate and To	ouris	sm memb	ership please contact the Trust office	
		N K	N. 2		
				ily/Watch membership, either as ar ildren below (Up to 4 children per i	
Name:					
Name:				_ Date of Birth	
Name:					
Name:				Date of Birth	

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This form is available in Welsh from the Trust Office

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Office Use Only

I wish to pay my men	nbership subscription of £ by	Cash / Cheque which I enclose	herewith.
Signed:		Date:	
		lding Society to pay Direct Deb	its
ivildlife	Park Lane House, High Stree	I RE WILDLIFE TRUST it, Welshpool, Powys, SY21 7Jl iy No: 512390	DIRECT
TRUSTS	Originator's No: 941388	Originator's Reference: M	Debit
To: The Manager			_Bank / Building Society
		PostCode:	
Name(s) of Account H	older(s):		
Bank Sort Code:		Building Society Account Number	r:
		(8,d	
Amount: £			<u> </u>
To Be Collected:			
from the account details or	ryshire Wildlife Trust by Direct Debit this instruction subject to the safeguards it Guarantee (see bottom of page)	Signature:	Date:
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