

APPLICATION FORM

Please print and complete form and send it with your cheque (made payable to Age Concern in Basingstoke) to:

Maria Mitchell
Age Concern in Basingstoke
The Orchard
White Hart Lane
Basingstoke
Hampshire
RG21 4AF

Date: _____

I/WE WOULD LIKE TO BECOME A 'FRIEND' OF AGE CONCERN IN BASINGSTOKE

First Applicant: _____ Membership No: _____

Second Applicant: _____ Membership No: _____

Address: _____

_____ Post Code: _____

Telephone No: _____

e-mail: _____

Payment enclosed £ _____ (£12/£20* minimum donation)

*£12 per annum for single membership. £20 per annum for joint membership.

When we receive your application form, we will enrol you as a member. Your membership will be for 12 months starting on the 1st day of the receiving month. Please allow 30 days for your membership card and badge to arrive.

We would like to thank you for joining the 'friends' of Age Concern in Basingstoke. Your regular annual donation will help us to continue, improve and expand our services for local older people.